Natureza do trabalho: Estudo de Caso

TÍTULO

SYRINGOMYELIA WITH LARGE INJURY EXTENSION: CASE REPORT

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RESUMO

Introduction: The syringomyelia is a condition characterized by a fusiform cavity filled with fluid inside the spinal cord[1] that can even spread to other parts of the nervous system. Among the most common symptoms is the loss of temperature and pain sensibility (mainly in the upper limbs)[1] without loss of mechanical sensibility, besides other symptoms, as paresis and paresthesia, which depends of the cavity spreading. Referring to its etiology, it can be primary (congenital conditions, as malformations) or secondary (acquired conditions, as tumors or trauma). The treatment is surgical and consists of spinal cord decompression in order to reduce the symptoms.

Case report: Female patient, 31 years old, was admitted to the emergency referring difficulty to walk, lower limbs paresis, posteriorly upper limbs paresis, dysphonia, dysphagia and muscle pain. The physical examination shown lesions in the left upper limb and hands muscles atrophy. The neurologic examination identified dysarthria, impairment of the cranial nerves V (hypoesthesia in the right face), IX, X (deviation of the uvula to the left) and XII (deviation in the left side of the tongue), upper and lower limbs paresis, decrease in mechanical and pain sensibility in upper limbs, hyporeflexia in upper limbs and hyperreflexia in lower limbs. The magnetic resonance imaging shown extend syringomyelia affecting the thoracic spinal cord (images 1 and 2) and the cervical spinal cord, with small component to the medulla (image 3).

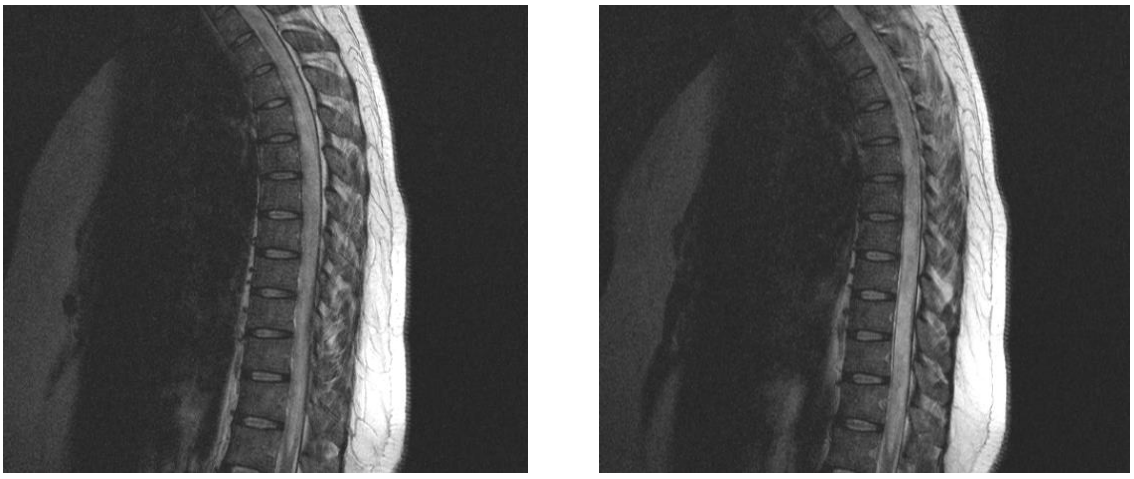

Image 1 and 2: Magnetic resonance imaging of the thoracic spinal cord showing extend syringomyelia affecting the entire thoracic segment.

Image 3: Magnetic resonance imaging of the cervical spinal cord showing syringomyelia with small component to the medulla.

Discussion: The reported case presents the classic symptoms of a cervical syringomyelia: loss of temperature and pain sensibility without loss of mechanical sensibility (in this case, the patient presents loss of mechanical sensibility because of the extensive impairment of the cervical spinal cord). It leads to classic conditions, as the lesions in the upper limbs, caused by the loss of some sensibility components. The medulla and lower spinal cord impairment are the responsible for the additional symptoms, as paresis and paresthesia, damage to cranial nerves and even the lower limbs hyperreflexia (upper neuron syndrome) and upper limbs hyporeflexia (lower neuron syndrome).

Conclusion: Considering the extension of the cavity, since the inferior portion of the medulla until the thoracic spinal cord, the reported case is even more complex than a cervical syringomyelia case. Thus, the patient presents the classic and non-classic symptoms. Considering this, it is important to report and to know more about the subject, in order to get more specific diagnostics in these cases.

References:

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