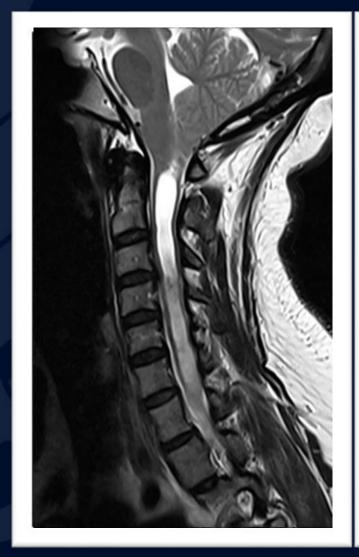
# 44 year old female with left upper extremity paresthesia and decreased sensation to temperature

Sarah Germaine, DO Leo Wolansky, MD



### MRI C-spine





Sagittal T2

Sagittal T1





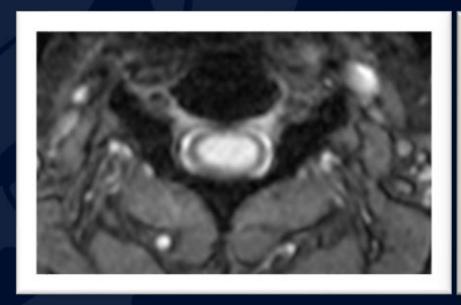
## MRI T-spine sagittal T2

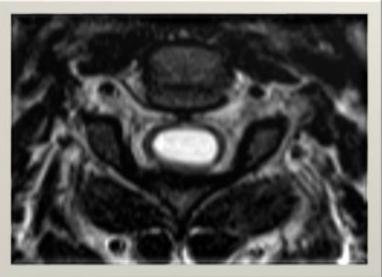


### MRI cervical spine

**Axial GRE T2\*** 

**Axial T2** 











# Syringomyelia Due to Chiari I



#### MRI C-spine



- Syrinx (blue arrow)
   Elongated CSF intensity
   lesion within the cord, often
   with septations
- Chiari I malformation (yellow arrow): Cerebellar tonsillar herniation with inferior pointing, effacing cisterna magna

Sagittal T2

Sagittal T1





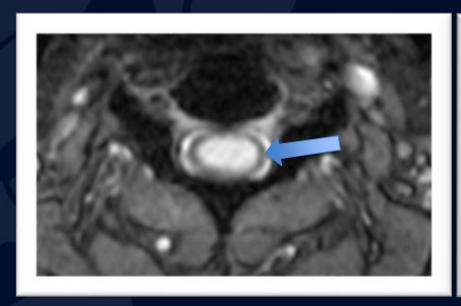
### MRI T-spine sagittal T2

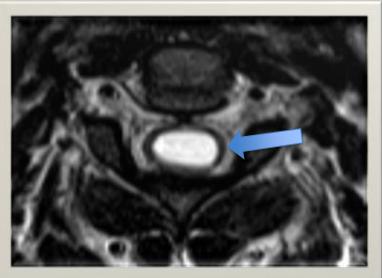
Syrinx (blue arrow)
 Can extend variable distance down the cord



### MRI C-spine

 Syrinx (blue arrows) can extend centrally or eccentrically. In this case synrinx was central at higher levels but eccentric at lower levels (not shown), accounting for the asymmetric symptoms





Axial GRE T2\*

**Axial T2** 



### Syrinx

- fluid-filled, gliosis-lined cavity within the spinal cord
- Elongates over time destroying the center of the spinal cord
- Most lesions occur between C2-T9
  - Can extend upward into brainstem (syringobulbia)
- Etiology: congenital, trauma, tumor
  - Most common cause being Chiari I
  - Gd typically shows enhancement if tumor



#### Clinical Presentation

- Symptoms dependent on syrinx location, may be asymptomatic
- Classic presentation:
  - Suspended sensory level
    - Cape like loss pain/temperature sensation back/arms
  - Symptoms may progress to atrophy and hand deformity (claw hands)



#### References

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