**DEFINITION**

Syringomyelia (seer-in-go-my-EEL-ya) (SM) occurs when a cavity, or syrinx, is formed inside the spinal cord from a build-up of fluid, which results from a blockage, either from a Chiari malformation, spinal trauma, tumor, or other cause. Syringomyelia can cause stretching and, eventually, permanent injury to nerve fibers.

**CAUSES**

Often, SM is associated with CM

There is at least a partial blockage of normal CSF circulation in almost all cases

Obstruction of CSF flow is most commonly caused:
- by abnormalities in the base of the skull (CM) or in the spine
- after spinal injury, spinal infections, or spinal surgery (scar tissue)
- in the presence of arachnoid partitions (congenital)
- in the presence of some tumors in the spinal cord

**DIAGNOSTIC TESTS**

MRI will indicate whether or not a patient has SM or any other abnormality

“Screening” MRI of the spine can establish diagnosis of SM

Three components for appropriate diagnosis and treatment of SM:
- patient’s history of specific characteristic symptoms
- examination that shows signs consistent with SM
- head and spine MRI demonstrating characteristic anatomy of SM

**TREATMENT**

Currently, the only effective treatment is surgery

Aim of surgery: Decrease the size of the syrinx and relieve the symptoms by treating the cause of the syrinx: Chiari, tumor, etc. Occasionally, direct drainage of the syrinx is needed.

**Important note:** The decision to proceed with surgery should be carefully based on symptoms and neurological findings. If there is any doubt about the significance of the imaging results, tests should be repeated and surgery should be deferred to a later date.