

Failure to implement treatment and follow-up rehabilitation for a case of Syringomyelia due to financial reasons

Abstract

Syringomyelia is a neurological disorder caused by the development of one or more macroscopic fluid-filled cavities in the spinal cord, we report a case of 20 year old female who came as a referral with 4 months history of not mobilizing, urinary and stool incontinence, an MRI was done with confirmed syringomyelia on the cervical, thoracic and lumbar region with normal architecture of spine and posterior fossa, laboratory exams were in the normal range and a diagnostic of isolated syringomyelia was made.

Keywords: failure to implement treatment, syringomyelia, financial reasons, macroscopic fluid, spinal cord

Volume 1 Issue 1 - 2017

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Received: June 01, 2017 | **Published:** July 19, 2017

Introduction

Syringomyelia is a rare condition¹ characterized by the abnormal formation of one or more cavities within the spinal cord.^{2,3} It appears very often between 20 and 40 years. These cavities can extend and lengthen in time, further damaging the spinal cord. Syringomyelia is often associated with a malformation.⁴ We report here the case of a patient seen at the consultation neurology at CHUN of FANN with a isolated syringomyelia.

Case presentation

A 20 year old female, single, unemployed, who presented to us as a referral from a local clinic with 4 months history of functional impairment of the lower limbs, stool and urinary incontinence, this started by marked cramps in the lower limbs following by paraparesis and sphincter incontinence (bladder and anal). No history of trauma was noted or family history of similar event. Clinically we noted atrophy of the upper limbs, pitting edema of both feet, symmetric paraparesis listed at power of 1/5, hyperesthesia of the left leg with retention of proprioception, absence of the tendon reflexes on the lower limbs and normoreflexia on the upper limbs, the plantar reflexes were absent bilaterally. The patient had no signs of bulbar palsy or cerebellar dysfunction, no cranial nerve abnormalities. She had anal and urinary incontinence, sacral pressure sores. The examination of the spine was normal. MRI done showed on the cervical, thoracic and lumbar cord some fluid-filled cavities as linear hyper intensities without focal swelling of the spinal cord or contrast enhancement

with normal morphology of the spine and posterior fossa. Normal full blood count, urea and electrolytes, as well as renal function and liver function tests. There was no biological inflammatory syndrome. In total the diagnosis of cervico-thoraco-lumbar syringomyelia was made. The patient received a symptomatic treatment in neurology ward and address to neurosurgery but unfortunately due to financial issue she did not undergo the surgery. The patient and her family decided to go back home and try to collect more money and they just disappear. The clinical state was stagnant with Slough.(Figure 1)

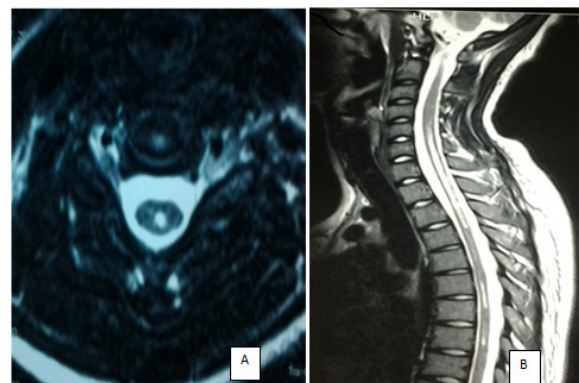


Figure 1 MRI T2 weighted images showing fluid filled cavities of the cervico-thoracic and lumbar cord in the form of linear hyperintense signals, without focal cord swelling, with morphological integrity of the spinal column and posterior fossa.

Discussion

Syringomyelia is a condition that can occur at any age, but two-thirds of patients are aged 20-40 years, an average age of 38 years. The gender predominance varies from one series to another, depending on the sample size.^{5,6} For some authors,^{7,8} a triad made of: Scoliosis, syringomyelia and Chiari I malformation is common but, this is not the case of our patient who does not have scoliosis or Chiari malformation.³ For some others, this disease is associated with a Chiari malformation in 50% of cases.⁹ For their part, Demaille et al.¹⁰ had reported the case of a late syringomyelia complicated spinal injury, as was also reported a French study that it's related to meningitis or spinal cord tumor.⁴ According to a Tunisian retrospective study on 18 years (1995-2013) who compiled 65 cases, with a sex ratio favoring females to the same study 16.9% of cases were in the pediatric population, the authors stressed that the clinical picture was dominated by motor disorders and sensory disturbances, pain and spinal deformity, the presence of the spinal malformation contrast with our patient.¹¹ The causes of this neurological condition are multiple, foraminal, secondary to a malformation (Chiari) or non Foraminal by para rachnoiditis (post traumatic, infectious or post surgical) or by narrowing spinal canal (herniated cervico-thoracic disc or scoliosis).¹² The absence of etiology in our patient raises the question of whether it is an idiopathic case or a primitive syringomyelia. Our patient had presented with neuropathic pain. There are few epidemiological studies have estimated the prevalence of central pain in specific etiologies as in syringomyelia. On the other hand, a study of 46 consecutive patients Syringomyelic had reported 67% of central pain within an average of 11 years after the onset of symptoms. It is near other figures reported by a prospective study of 100 patients with Spinal Cord Injury, indicating a prevalence of segmental pain and 75% sub-lesional.¹³

Conclusion

Syringomyelia although a formerly known pathology, previously problematic on its occurrence, and its evolution. Isolated syringomyelia still would enter into the issue on the future management of patients with this disease, which etiology is unknown.

Acknowledgements

None.

Conflict of interest

The author declares no conflict of interest.

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