

Case Report

Volume 4 Issue 2 - January 2019
DOI: 10.19080/JOJNS.2019.04.555631

Theranostics Brain, Spine & Neural Disord

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Acquired Chiari Malformation and Cervical Syringomyelia with Posterior Fossa Mass Accidentally Discovered After Child Delivery



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Submission: December 08, 2018; **Published:** January 02, 2019

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Abstract

23 female patients complained of severe occipital headaches and dissociative sensory loss in form of lost hot sensation in left hand after giving birth to her child. MRI showed post fossa mass, tonsillar herniation and cervical syringomyelia. Patient underwent suboccipital decompression and mass excision. Histopathology indicated the mass is pilocytic astrocytoma. Later patient symptoms improved dramatically, and MRI showed resolution of syringomyelia 6 months after surgery.

Keywords: Acquired chiari malformation; Syringomyelia; Neck pain; Lumbar puncture

Introduction

Acquired Chiari malformation with secondary syringomyelia is a rare occurring condition due to posterior fossa space occupying lesions that causes tonsillar herniation and subsequent syrinx formation [1]. Syringomyelia occurrence is still unclear till now starting from Dr. James Gardner theory of water hammer effect [2]. Till the Oldfield theory of piston effect [3].

during spinal anesthesia. Patient underwent mass excision and suboccipital craniectomy and the space occupying lesion was Pilocytic astrocytoma. With post-operative improvement in her symptoms with remarkable recovery at 6 months follow up. MRI at 6 months' follow-up showed complete resolution of the syringomyelia (Figures 6-10).

Case Report

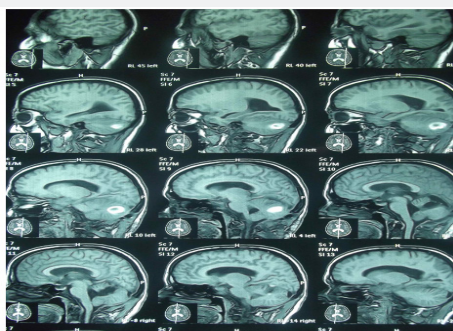


Figure 1

Female patient aged 23 years was doing well until she had given birth to her child, she underwent spinal anesthesia delivery was cesarean section. After delivery, she started to feel annoyed by occipital pain that increased in intensity and aggravated by straining and coughing (Figures 1-5). She then started to have dissociative sensory loss manifested mainly by lost hot sensation in her right hand. Symptoms progressed dramatically in period of 4 months. She had Cranio-cervical MRI showed Posterior fossa space occupying lesion associated with tonsillar herniation and cervical syringomyelia that mostly aggravated by lumbar puncture

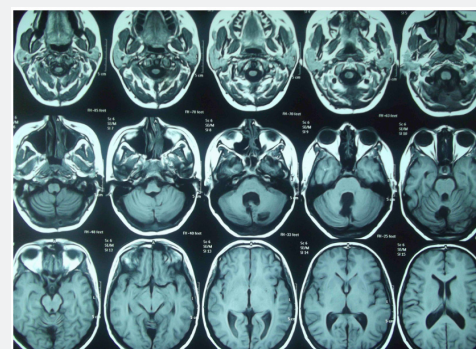


Figure 2

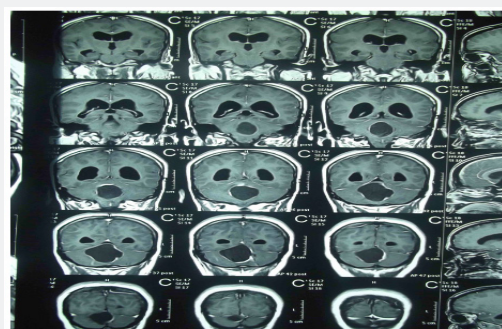


Figure 3

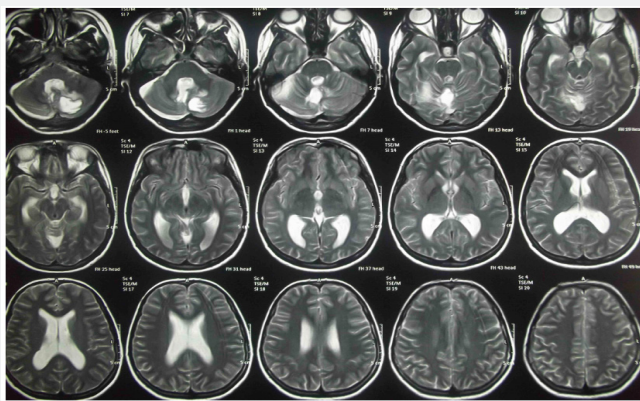


Figure 4

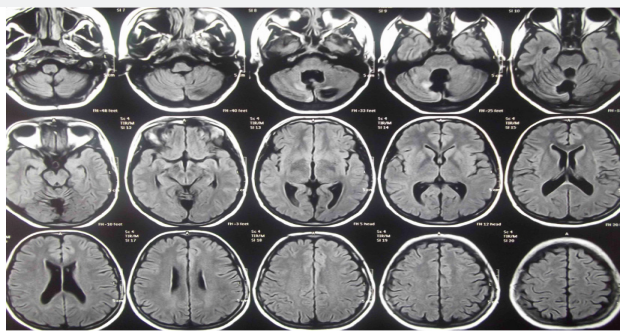


Figure 5

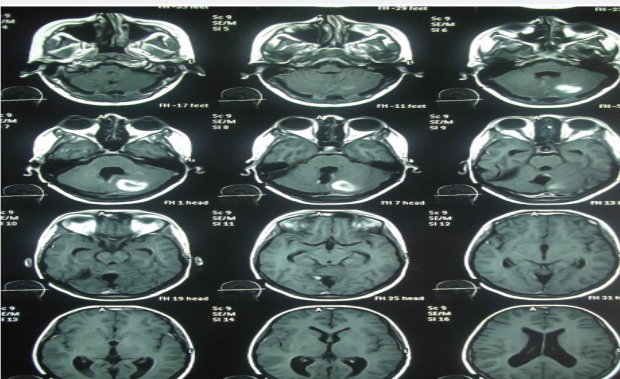


Figure 6

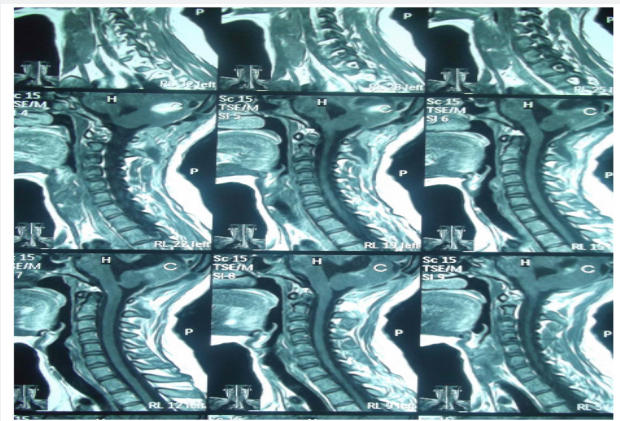


Figure 7

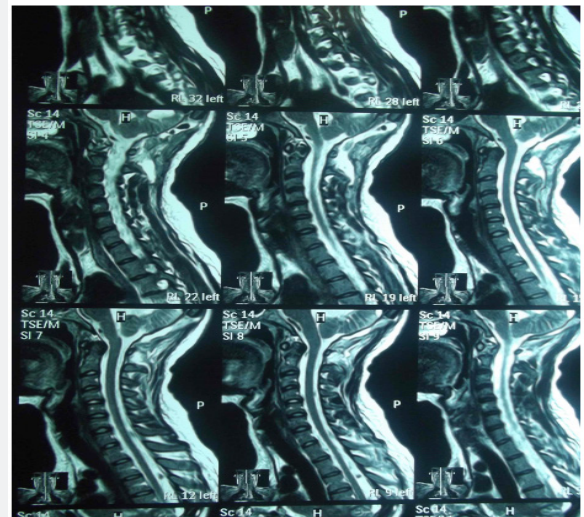


Figure 8

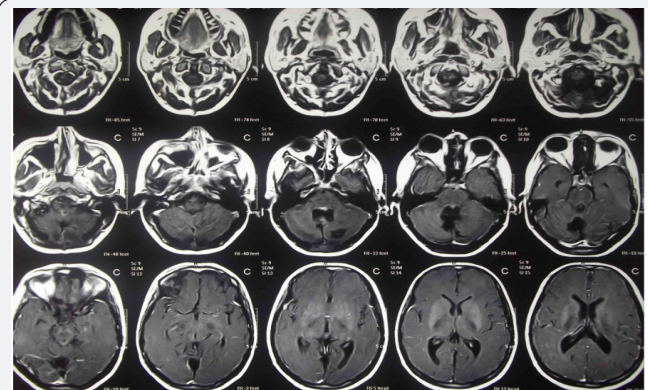


Figure 9

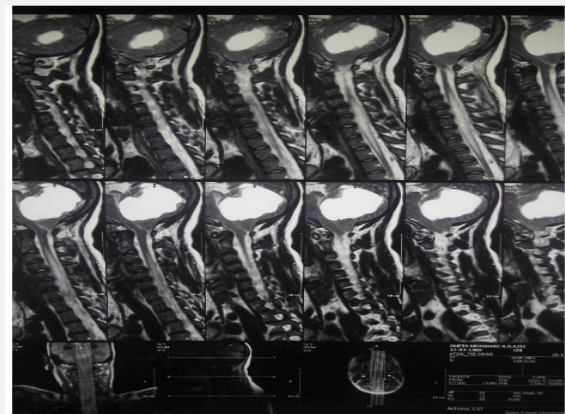


Figure 10

Conclusion

Acquired Chiari malformation requires surgical management of the pathology causing the condition along with suboccipital craniectomy to relieve pressure and recovery of the syringomyelia.

References

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DOI: [10.19080/JOJS.2019.04.555631](https://doi.org/10.19080/JOJS.2019.04.555631)

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