Syringomyelia with Syringobulbia

A 53 years male came to us with acute severe breathlessness. At the time of admission his respiratory rate was 40/minute, blood pressure was 90/60 mmHg, and bilateral coarse crackles were present. Chest X-ray was correlating with the clinical diagnosis of aspiration pneumonia. He was treated with intravenous antibiotics and oxygen. He also gave history of hoarseness and cough while having food for the last one-month. A neurological examination revealed paralysis of 9th and 10th cranial nerves, dissociative sensory loss and diminished reflex in both upper limbs. MRI of spine showed large pathological syrinx with syringobulbia (Figs. 1 and 2). Syrinx was present in either side of the central canal of spinal cord (Fig. 3) and was extending up to ninth thoracic vertebra level (Fig. 4). At the level of first thoracic vertebra cavities of either side fuse with the central canal to form a single large cavity (Fig. 5). There was no evidence of spinal tumor, Chiari malformation or arachnoiditis. Patient underwent syringosubarachnoid shunt. At 6 months follow up his pharyngeal muscle power improved but other signs were persisting.

Syringomyelia is a syndrome of dissociated sensory loss and lower motor neuron involvement of upper limbs and trunk due to the presence of longitudinal cavities in the spinal cord. When the cavity extends into the brainstem the term syringobulbia is used. Syringobulbia is characterized by pharyngeal and palatal weakness, dissociated trigeminal sensory loss, nystagmus, and hemiatrophy and weakness of tongue. The severity and distribution of signs depend on the site and extend of the cavitations and the subsequent gliosis.

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