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SUMMARY

Syringomyelia; pathogenesis, diagnosis, Treatment, and rehabilitation

Syringomyelia is a rare, chronic disease. It can damage the spinal cord due to formation of fluid-filled cystc in central canal. Pathogenesis of idiopathic syringomyelia has not been estblished so far despite many scientific researches. It seems that the most important is obstruction of cerebrospinal fluid flow in the region of foramen magnum caused by congenital or developmental malformations like Chiari I malformation i.e. cerebellar tonsils herniation into cervical spinal canal. Frequent coegsistence of syringomyelia and Chiari I malformation results in overlapping of symptoms caused by these processes.

Because cervical region is the most frequently involved, symptoms first appear In upper extremities. The most characteristic symptoms are: atrophy of small muscles of hands, decreased sense-perception, neuropathic pain, scoliosis and dysfunction of sphincters. When medulla oblongata is involved, speech musculature, fonation and swallowing may be disturbed.

The procedure for identyfying syringomyelia for many years was based on the patient's complaints and symptoms, at present the basic examination is magnetic resonance imaging.

Various surgical techniques are used to treat syringomyelia, but they may be dividet into three groups: cranio-cervical decompression, laminectomy with drainage of syringomyelic cyst and ventriculostomia terminal.

Non-surgical therapy includs farmacological treatment of neuropathic pain and spinal or peripheral electrical stimulation.

The predominant part of rehabilitation is kinetic therapy, assisted by physical and psychological therapy. In the social rehabilitation should be engaged multidisciplinary team consisting of physitian, nurse, physioterapist, psychologist and social worker.

The objective of rehabilitation is to maintain or recover the patient's maximal capabilities, reduce dependence and improve quality of life.