



Letters to the Editor

Post-Traumatic Syringomyelia

In the discussion of Clinical Case of the Month, 'Post-Traumatic Syringomyelia' (*Spinal Cord* 1999; **37**: 680–684), the authors make two recommendations which are not supported by their earlier evidence and views and with which I disagree.

- (1) 'Preferably the patients should be followed longitudinally by experts who are able to monitor clinical signs...' What experts pray? All qualified doctors are competent to perform a neurological examination. There is much to be said for annual neurological reassessment by the patient's GP who is in the best position to provide 'longitudinal' monitoring, rather than annual review in a hospital out-patients department where the patient is likely to be examined on most if not all visits by a different junior hospital doctor on each occasion who has no previous knowledge of the patient.
- (2) 'Because syrinx formation can commence at any stage following spinal trauma regular subsequent MRI scanning is required.'

In general these experts, as would others, have advised against surgical intervention at least until the syrinx becomes symptomatic. Unless and until useful prophylactic measures become available the radiological diagnosis of the condition while it remains asymptomatic can be of no benefit to the patient and may be positively harmful by presenting him with knowledge of a potential progressive and increasingly disabling condition for which no preventive measure is available.

Simple clinical review coupled with advice to report any new neurological symptoms is in the light of our present knowledge sufficient precaution.

Neither more regular neurological monitoring nor serial MRI scanning would have had any effect on the management and outcome of the case presented!

RG Pringle
Consultant Orthopaedic Surgeon

In reply to Dr RG Pringle

We are grateful to Mr Pringle for reading our report and for taking the time and trouble to write to express his views.

- (1) The General Practitioner (GP) has a very important place in the community care of the SCI person and his/her family. However we believe that this role does not include undertaking regular comprehensive longitudinal surveillance which we think should instead be done by

properly trained specialists in spinal cord injury. Few GP's have more than one spinal cord injured (SCI) person in their practise. They cannot be conversant with all aspects relevant to the SCI person. In addition, very few GP's are aware of the ASIA neurological classification, and even fewer can carry out an examination to provide an accurate ASIA level. It is also not possible to rely on the SCI person alone to report neurological change because, as Wang *et al*¹ have shown, some SCI persons are not aware of neurological deterioration until it is revealed by a careful neurological assessment by a competent clinician.

- (2) We believe that there are steps that can be taken to prevent asymptomatic syrinxes from becoming symptomatic. First SCI individuals with asymptomatic syrinxes become symptomatic with abrupt physical stress. Examples include falling out of the wheelchair or a strong cough or repeated physical straining in gym workouts or caliper walking. An SCI person who has an MRI scan and is found to have an asymptomatic syrinx should be advised to review his/her lifestyle in an attempt to keep excessive physical stresses to a minimum. Second, it was shown by Wang *et al*¹ that the longer the syrinx the greater the risk of signs and symptoms. A case can be made for prophylactic surgery in those cases of asymptomatic syrinxes that are getting progressively bigger in spite of prophylactic measures.
- (3) In general we believe, that SCI persons are better off when they are aware of their physical state, including the presence of asymptomatic problems such as syrinxes. The more the SCI person knows and understands about his/her body, the less likely he/she is to run into avoidable complications. Successful outcome following spinal cord injury depends on the thorough education of the SCI person about his/her condition.

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References

1. Wang D, Bodley R, Gardner B, Frankel H. A clinical magnetic resonance imaging study of the traumatised spinal cord more than 20 years following injury. *Paraplegia* 1996; **34**: 64–81.