**Definition**
Syringomyelia (seer-in-go-my-EEL-ya) occurs when a cavity, or syrinx, is formed inside the spinal cord from a build-up of fluid, which results from a blockage, either from a Chiari malformation, spinal trauma, tumor, or other cause. Syringomyelia (SM) can cause stretching and, eventually, permanent injury to nerve fibers.

**Causes**
Often, SM is associated with CM.

There is at least a partial blockage of normal cerebrospinal fluid (CSF) circulation in almost all cases of SM.

Obstruction of CSF flow is most commonly caused:
- by abnormalities in the base of the skull (CM) or in the spine
- from scar tissue after spinal injuries, spinal infections or spinal surgery
- arachnoid partitions (arachnoid cysts) which may be present from birth
- the presence of some tumors in the spinal cord

**Treatment**
Currently, the only effective treatment is surgery.

**Aim of surgery:** Decrease the size of the syrinx and relieve the symptoms of treating the cause of the syrinx: Chiari, tumor, etc. Occasionally, direct drainage of the syrinx is needed.

**Common Signs & Symptoms**
- Numbness
- Tingling
- Pain*
- Weakness*

*These symptoms occur particularly in the arms and legs

**Diagnostic Tests**
MRI will indicate whether or not a patient has SM or any other abnormality.

A "screening" MRI of the spine can establish a diagnosis of SM.

Three components for appropriate diagnosis and treatment of SM:
- patient’s history of specific characteristic symptoms
- examination that shows signs consistent with SM
- head and spine MRI demonstrating characteristic anatomy of SM