

Brown-Séquard Syndrome Etiology

Brown-Séquard syndrome is most commonly seen with **spinal trauma** and **extramedullary** spinal neoplasm.

A **herniated cervical disc** has rarely been considered to be a cause of Brown-Séquard syndrome.

Kobayashi et al. reported in **2003** two cases of Brown-Séquard syndrome produced by herniated cervical disc.

The first patient was a 64-year-old man who presented with right leg weakness and diminished sensation to pain and temperature in the left side below the T4 dermatome. The second patient was a 39-year-old man who presented with right-sided weakness and diminished sensation to pain and temperature in the left side below the T6 dermatome.

Anterior cervical discectomy with fusion was performed for these patients.

These cases revealed contralateral deficit in sensation of pain and temperature of more than a few levels below the cord compression, and showed paracentral protruded disc in magnetic resonance images and cervical spinal stenosis in cervical spine X-rays. Postoperatively, motor and sensory function of these patients returned to normal.

Characteristic finding in discogenic Brown-Séquard syndrome are contralateral deficit in sensation of pain and temperature of more below than a few levels below the cord compression and paracentral protruded disc with cervical spinal stenosis. Outcomes are favorable in rapid diagnosis by magnetic resonance images and performance of anterior approach ¹⁾.

Idiopathic **spinal cord herniation** (ISCH) is a relatively rare and frequently misdiagnosed condition. It preferentially affects women and causes progressive thoracic myelopathy that presents as a **Brown Séquard syndrome** or as spastic paraparesis

¹⁾

Kobayashi N, Asamoto S, Doi H, Sugiyama H. Brown-Séquard syndrome produced by cervical disc herniation: report of two cases and review of the literature. Spine J. 2003 Nov-Dec;3(6):530-3. Review. PubMed PMID: 14609700.

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