

Syringomyelia treatment

Surgical intervention for [syringomyelia](#) is considered when conservative medical treatment fails and neurological symptoms progress.

In conditions such as Chiari I malformations, spinal malignancy, spinal cord tethering, trauma, or arachnoid adhesions, surgical intervention involves directly removing the source causing the syrinx formation. Malignancy resection, decompressive, and untethering procedures with adhesion removal and duraplasty have been successful in removing offending pathologies creating the syringomyelia condition.

In cases where these methods have failed, the use of syrinx shunting, whether [syringoperitoneal shunt](#), [syringopleural shunt](#), or [syringosubarachnoid shunt](#), has been advocated as a procedure of last resort. Many shunting procedures have been described and the results have been erratic.

Complications

Include fibrosis with subsequent obstruction, shunt migration, and shunt infections, which minimize the success of this surgical treatment.

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