CERVICAL DIASTEMATOMYELIA: CASE REPORT

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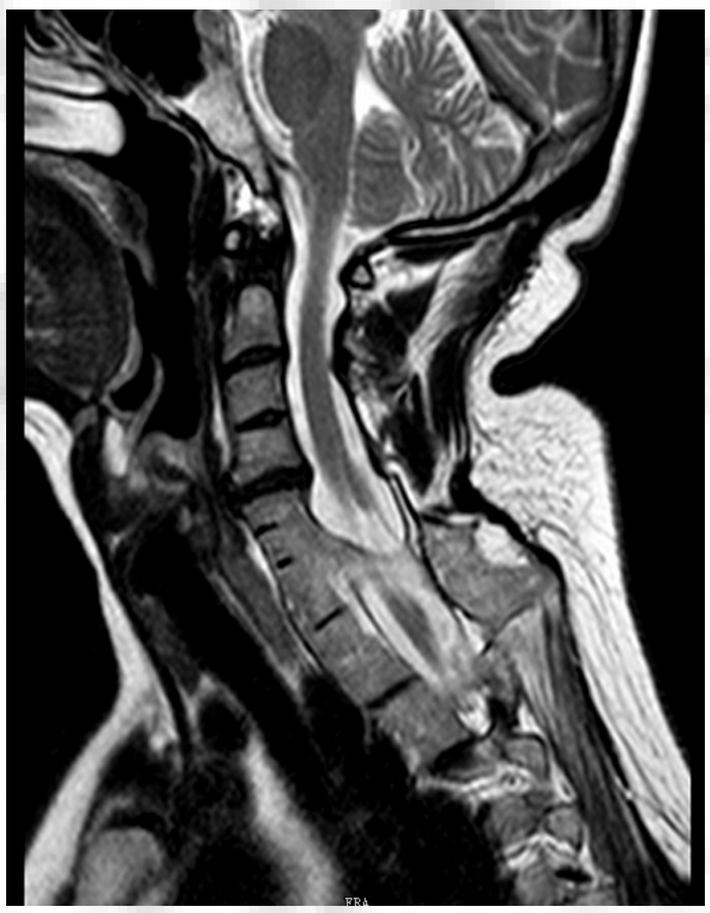
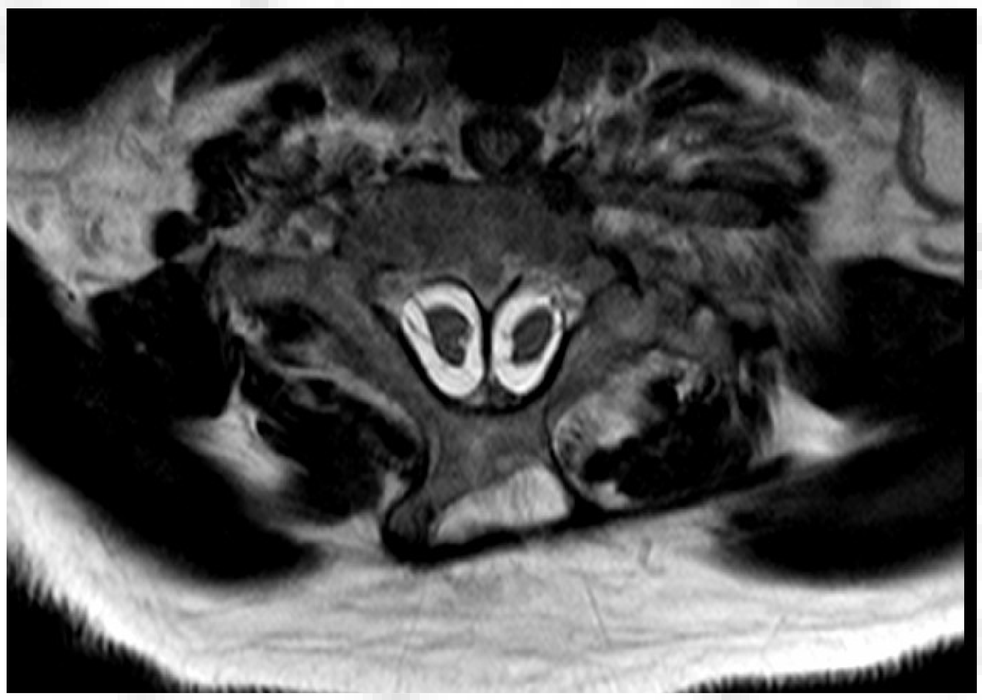
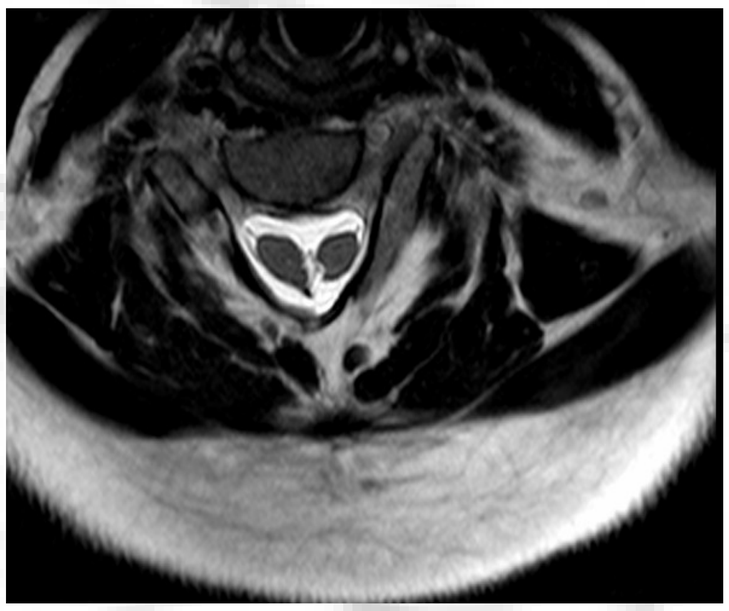
Indroduction

We report a case of a rare high cervical split cord malformation type I (according to the classification of Pang) associated with extensive vertebral fusion (Klipple-Feil anomaly).







Case report

A 44 year old female had a congenital deformity with shortness and restricted range of motion of the neck.

At the age of 25 she started complaining of neck pain radiating down between her shoulder blades.

At the age of 40 she noticed paraesthesias in the upper limbs and subjective weakness of the hands.

Physical examination revealed short stature a short webbed neck with low hairline and abolished cervical motility. Neurological examination showed a mild weakness of the intrinsic muscles and diminished pinprick sensation in both hands. Her tendon reflexes were brisk with down-going plantars.

Cervical MRI scan demonstrated splitting of the cervical cord extending from C5 to D1 with extensive vertebral fusion at the same level.

Sensory and motor evoked potentials were normal.

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