

Table 24-1

Spinal Cord Syndromes

<i>Syndrome</i>	<i>Findings</i>
Anterior cord	<ul style="list-style-type: none"> • Damage from the ventral portion of the spinal cord <ul style="list-style-type: none"> ◦ Interruption of the ascending spinothalamic tracts and descending motor tracts • Loss of pain and temperature sensation and motor control • Preservation of posterior column (proprioception/vibratory sensation) • Worst prognosis
Central cord	<ul style="list-style-type: none"> • Usually associated with cervical spondylosis and a hyperextension injury • Hands are usually more severely compromised • More significant injuries impair upper extremity motor function more than lower extremity motor function • Approximately 50% will regain ambulatory function
Posterior cord	<ul style="list-style-type: none"> • Disruption of the dorsal column tracts • Loss of proprioception and vibratory sensation • Extremely uncommon
Brown-Sequard	<ul style="list-style-type: none"> • Hemisection injury of the spinal cord • Ipsilateral loss of motor control • Contralateral loss of pain and temperature sensation below the level of the lesion • Best prognosis

Figure 24-1. MRI of a patient with pre-existing spinal stenosis who suffered a fall, which resulted in central cord syndrome. The white arrow shows new signal changes to the spinal cord, indicating injury.

