



FIGURE 1. (LEFT) Sagittal T2-weighted noncontrast enhanced magnetic resonance image without fat saturation of the thoracic spine, revealing a diffuse abnormally increased cord signal, demonstrated by heterogeneous multiseptated areas, with cord expansion throughout the entire thoracic spine (arrows).

FIGURE 2. (ABOVE) Axial T2-weighted noncontrast enhanced magnetic resonance image without fat saturation at the T9 level, revealing an abnormally increased cord signal, with cord expansion (arrows) with a central septation.

Thoracic Syrinx in a Patient With Balance Difficulties

SHANAN L. RICHARD, PT, MS, *Physical Therapist, Parkland Health & Hospital System, Dallas, TX.*

SHARON S. WANG, PT, PhD, *Associate Professor, Texas Woman's University, School of Physical Therapy, Dallas, TX.*

TIMOTHY J. GEORGEAS, MD, MPH, *Radiologist, Methodist Richardson Medical Center, Richardson, TX.*

THE PATIENT WAS A 42-YEAR-OLD woman who was referred to a physical therapist with diagnoses of lumbar degenerative joint disease and a left ankle fracture. The patient reported an insidious onset of low back and left lower extremity pain, which began approximately 2 years prior to referral. She reported having difficulties with balance, which ultimately led to a fall 1 year after her low back and left lower extremity pain began. Her fall resulted in a left ankle fracture that required open reduction and internal fixation.

At the time of the initial physical therapist evaluation, the patient ambu-

lated with a rolling walker. Her gait was unsteady, and left lower extremity clonus was evident. Manual muscle testing revealed general lower extremity weakness bilaterally and sensation testing revealed hypoesthesia in her left lower extremity. While bilateral patellar and Achilles deep tendon reflexes were hyporeactive, a Babinski reflex was present bilaterally. Upon further questioning, the patient reported decreased sensation in her left saddle region, as well as bowel/bladder incontinence. Her physician was immediately notified of these findings, and magnetic resonance imaging of her brain and spine revealed a diffuse, abnormally

increased cord signal, demonstrated by heterogeneous multiseptated areas, with cord expansion throughout the entire thoracic spine (**FIGURES 1 and 2**).

The patient was diagnosed with a thoracic syrinx, which is a longitudinal fluid-filled cavity along the spinal cord. The patient underwent a T5-T6 hemilaminectomy, with placement of a syringopleural shunt between T4 and T6. Following surgery, the patient's neurologic status stabilized and did not deteriorate any further. ● *J Orthop Sports Phys Ther* 2011;41(4):282. doi:10.2519/jospt.2011.0408