

Chiari Center Established

Provided by Neurosurgery Center of Colorado
303-481-0035

The use of MRI to diagnose neurological problems has led to a greater recognition of the **Chiari I malformation** and **syringomyelia**. Still, many patients have symptoms for years before the problem is identified. In 1999, **Dr. John J. Oro'** and Diane Mueller established Chiari Clinic at the University of Missouri in Columbia and over the next 6 years evaluated over 800 patients for these disorders.

The Chiari Center at The Medical Center of Aurora (TMCA) was established and allows Dr. Oro' and other specialists to expand their services in a newly organized office and hospital. The new medical offices of The Neurosurgery Center of Colorado, state-of-the-art surgical equipment, and expert consultants in critical care, neuroradiology, and other specialties allows provision of comprehensive and personalized services to patient suffering from these challenging disorders. Access to an international airport facilitates travel for persons from other areas of the country. Below are some common questions about these disorders.

Frequently Asked Questions:

What is the Chiari malformation and syringomyelia?

The Chiari I malformation is a congenital anomaly of unknown cause that consists of a small posterior compartment of the brain cavity, crowding of the brain tissues at the bottom of the skull, and blockage of normal spinal fluid flow. For some, this blockage results in fluid accumulation inside the spinal cord, a condition called syringomyelia.

What symptoms may a person have?

Some have no symptoms from the Chiari malformation while others may have a myriad of neurological complaints including headache (especially cough headache), dizziness, blurred vision, difficulty swallowing, hoarseness, fatigue, numbness, weakness, or clumsy gait.

How are these disorders diagnosed?

Both the Chiari malformation and syringomyelia are diagnosed with an MRI scan. Neuroradiologists and neurosurgeons look for a small posterior compartment, crowding at the foramen magnum, or a fluid cavity in the spinal cord. A special MRI can also be performed to evaluate spinal fluid flow.

How are these conditions treated?

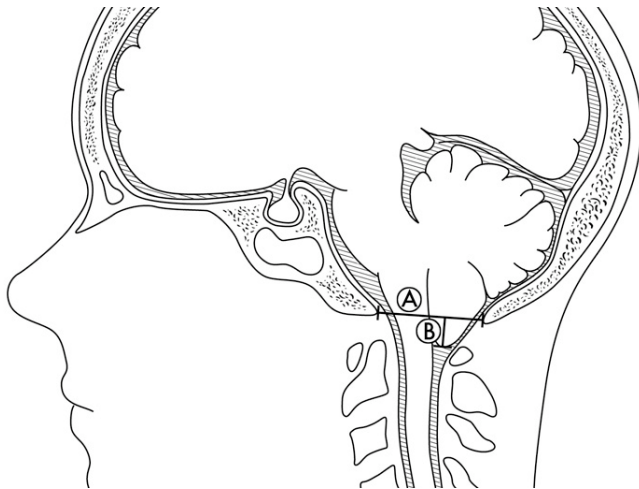
Patients with mild symptoms are treated with medications, therapy, or other interventions. When symptoms persist and do not respond to treatment, decompression surgery can be considered. If syringomyelia is present and is compromising neurological function, surgery is usually recommended.

How do patients respond to surgery?

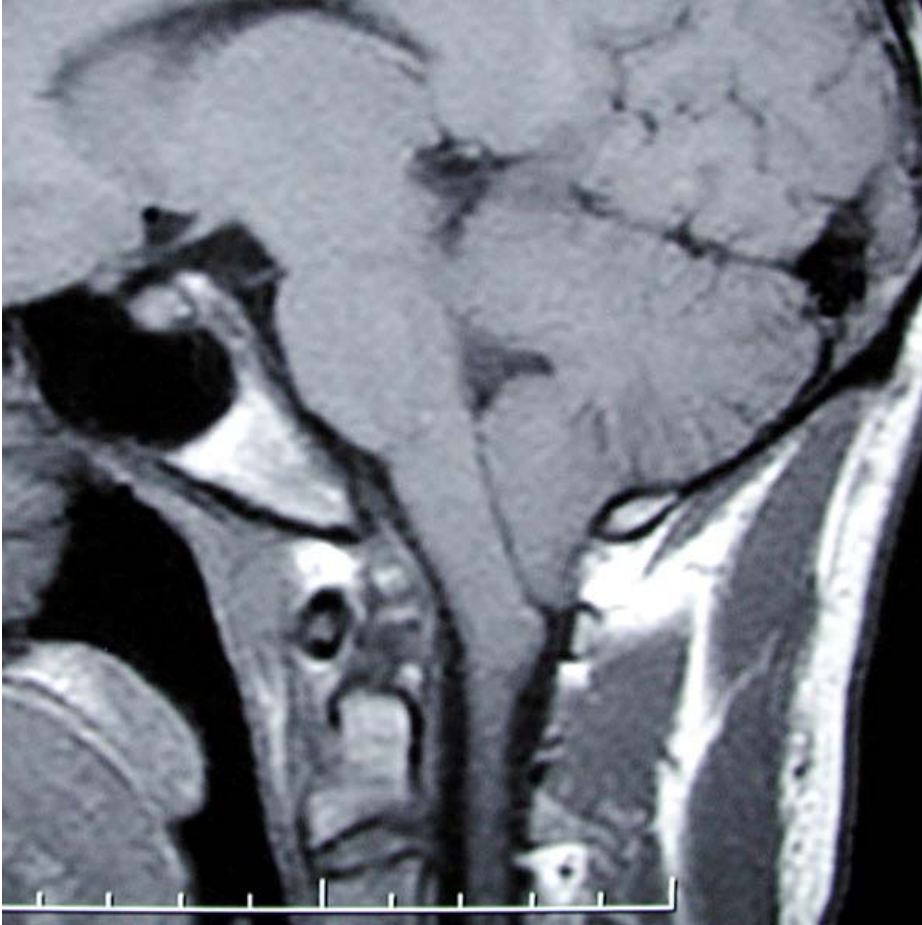
Fortunately, many do well, however, not all. Thus, it is important to evaluate for other possible causes. Sometimes, there is more than one cause of the symptoms.

Learn more at ChiariCare.com

“When symptoms such as headache, dizziness, and fatigue persist, they often rob a person of their quality of life. The fact that the function of many neurological tissues is affected makes the disorder hard to recognize” states, **John Oro’, MD**



The large opening at the bottom of the skull, called the foramen magnum is illustrated at A. The lower portion of the cerebellum, called the tonsils, hangs down (B) crowding the foramen.



The MRI shows the foramen magnum crowded by the neural tissue.