

Syndroma caudae equinae

Cauda equina syndrome is more common than epicondylar or spinal condyle syndrome. It is caused by a **lesion of the nerve roots of the distal spinal cord**, arranged in the dural sac in the shape of a cauda equina (i.e. a horse's tail). It is therefore not a spinal cord lesion, but a root (peripheral) lesion, below the level of the **L2 vertebra and below**.

Etiology

The most common cause is a massive medial prolapse of the disc (L4/5). Other causes may be intraspinal expansion in this area.

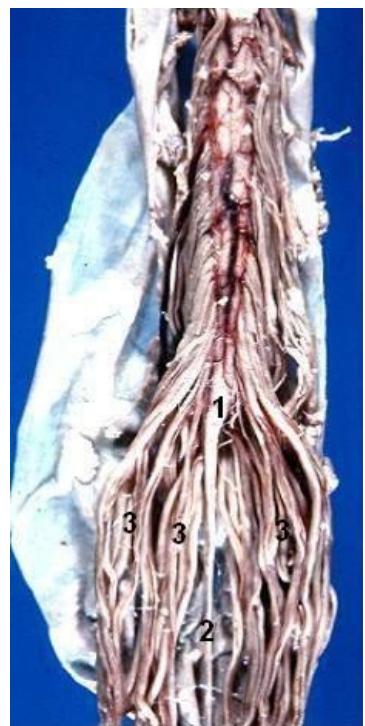
Clinical picture

Cauda equina syndrome differs from epicondylar and spinal conus syndromes in that it is **asymmetrical and sudden**. The variability of the findings is due to the fact that there are many spinal roots in these areas that may be oppressed:

- the main symptoms tend to be **sharp, lancinating pains**, the distribution of which corresponds to the lumbar or sacral roots affected in the cauda,
- the **sensation is also affected** in the dermatome in question, and the sense for all qualities (**global**),
- **motor disturbances** are also always present - the muscle groups innervated by the fibres of the affected roots are affected - accompanied by extinction of the corresponding tendon and periosteal reflexes,
- later, if S3-S5 roots are also affected, **urinary and faecal disturbances** in the sense of incontinence may develop, but may not always be present,
- trophic disorders are rare.

In addition, the following may be present:

- lumbalgia
- limb root iritis
- progressive paraparesis
- sensory disorders not only of the root distribution



Human caudal spinal cord -
Anterior view

Therapy

⚠ Cauda Equina Syndrome is an absolute and acute indication for surgery! (there is a risk of permanent sphincter disorder and impotence).

Early diagnosis (MRI, CT, PMG) and urgent surgery are essential.

Links

Related articles

- Epicon syndrome
- Cone syndrome
- Traumatic spinal cord syndromes

External links

- Mefanet: <https://mefanet.lfp.cuni.cz/clanky.php?aid=207>

Sources

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Used literature

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