

Progressive cervical myelopathy due to intramedullary migration of forgotten Torkildsen shunt

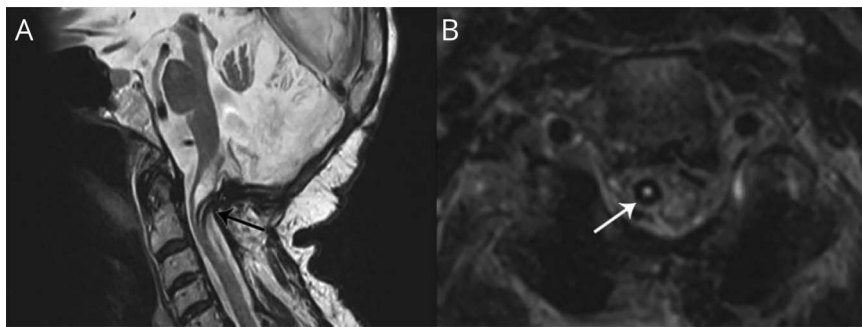
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Figure 1 T2-weighted MRI C-spine



Signal abnormality at the cervicomedullary junction identifies the Torkildsen shunt (indicated by arrows) penetrating the posterior margin of the cord at C1-C2, traversing a high cervical syrinx (A) and terminating in the subarachnoid space at C4 (B).

A 65-year-old woman with cerebellar astrocytoma resected at age 4 years complicated by hydrocephalus presented with progressive myelopathy, starting in her 40s. Her ventriculoperitoneal shunt continued to function normally. Cervical spine MRIs were interpreted as cervicomedullary syringobulbia (figure 1). Closer examination of imaging and medical history, however, revealed a retained but no-longer-functional Torkildsen shunt (TS) penetrating the spinal cord (figures 1 and 2). These shunts, commonly used in the 1950s, comprised red rubber tubing to divert CSF from lateral ventricles to the cisterna magna. Degeneration, calcification, and migration of the TS are rare causes of cervical myelopathy.^{1,2} Removal is not feasible.

Study funding

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

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Figure 2 CT C-spine



Tubing traversing the base of the posterior fossa descending into the spinal canal as indicated by arrows in (A) and (B).

Appendix Authors

| Name | Location | Role | Contribution |
|--------------------------|--|--------|--|
| Grace Crotty | Massachusetts General Hospital, Boston, MA | Author | Design and conceptualization; analyzed data; and drafted the manuscript for intellectual content and revised content |
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