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## Spinal cord anatomy labeled

Facebook Twitter LinkedIn Pinterest What you need to know Spinal tumors in children are very rare. They can be malignant (cancer) or benign (non-cancerous). As spine tumors grow, they can put pressure on the spinal cord, resulting in neurological symptoms. Rapid diagnosis and treatment of pediatric spine tumors can prevent nerve damage to the spinal cord permanently. A spinal cord tumor is an abnormal tissue growth inside or next to the spinal cord. Even benign spinal cord tumors can cause severe neurological problems in your child, as they can put pressure on the spinal cord as they grow. Rapid diagnosis and treatment can prevent spinal cord damage permanently. Recent advances in treatment options, surgical instruments and surgical techniques have made it easier to treat this type of tumor. Spinal Cord Tumor Symptoms Because spinal cord tumors grow slowly over time, symptoms tend to develop over months and can be confused with normal growing pains. Symptoms vary from child to child and can be difficult to identify in children, so regular checks with a pediatrician are extremely important. Because rapid diagnosis is so important in addressing a spinal cord tumor, you should contact the child's pediatrician directly if you notice any of the following signs or symptoms: Chronic neck or back pain: This is the most common symptom. The pain can be localized (in one place) or can extend to a larger area. The pain can become apparent after a minor injury, such as a sports accident. If your child complains of back pain that does not dissolve or worsen, consult a doctor for evaluation. Specific neurological symptoms: If the tumors expand and create compression within the spinal cord, your child may experience: Impaired motor skills Muscle weakness, which can progress to paralysis without rapid treatment Sensory loss or numbness Loss of bowel or bladder control Spinal deformity: Scoliosis occurs in up to a third of children with spinal tumors. An avid footballer, 10-year-old Bridget began to notice weakness in her legs while running. Over the course of a year, its coordination continued to decline. After an MRI revealed a large tumor on her spinal cord, Bridget and her family came to Johns Hopkins for care. There, a multidisciplinary team came together to get Bridget back on the field. A diagnostic evaluation begins with a thorough medical history and physical examination, including a detailed neurological assessment. Your child's doctor may also recommend one or more of these diagnostic tests: Cerebrospinal fluid analysis to look for tumor cells Radiological imaging studies to identify the location and appearance of the tumor. MRI scan, which can the doctor's structure of the tumor, exact location and size related to the spinal cord CT scan, which is sometimes used to better visualize the bone structures Biopsy of the actual tumor to provide an accurate classification. Species species Spinal Cord Tumors Spinal Cord tumors are classified based on where they grow within the spine: Intramedullary tumors: These spinal tumors arise from the cells of the actual spinal cord. Many are classified as gliomas, meaning they come from the cells that nourish and support the spinal cord. Intradural tumors: These tumors arise in the lining of the spinal cord, the dura, but outside the spinal cord itself. Typically, these tumors are benign. Extradural tumors: These appear outside the membranes that envelop the spinal cord and are either: Primary bone tumors, which come from the spinal cord tissue Metastatic tumors, which come from another part of the body Spinal cord tumors are also classified by cell type. A pathologist will microscopically examine the cells and assign a degree to indicate how fast the tumor grows or divides. A low number indicates slow growth, while a high number indicates an aggressive, faster-growing tumor. Treatment for spinal tumors in children Pediatric neurosurgeons can work with neurologists, oncologists and rehabilitation therapists, among others, to develop a treatment plan. In most cases, the best way to protect the developing nervous system of the child and its function is to surgically remove the spinal cord tumor. Even benign tumors need to be removed before they become large enough to put pressure on the cord. After spinal tumor surgery The recovery process is different for each patient. Children who get quick diagnosis and treatment tend to do well after surgery. Some may experience some temporary neurological deficits, such as muscle weakness. These symptoms are likely to improve after surgery unless there is significant permanent damage before the child was diagnosed. Physical therapy will help restore strength and function, and speed recovery. Some children need inpatient rehabilitation. Regular postoperative follow-up visits are also important so that your child's neurosurgeon can continue to assess neurological function, and remain wary of tumor recurrence and side effects of chemotherapy or radiation. The spinal cord is a bundle of nerves that carry electrical signals between the brain and the rest of the body. One of the main tasks of the cervical spine is to protect the spinal cord as it travels through the neck to innervate the rest of the body. See spinal cord and spinal cord nerve roots The spinal cord travels from the base of the skull through the cervical spine. View cervical spinal cross-neck anatomy animation internal anatomy of the spinal cord When viewed as a cross section from above, the spinal cord consists of a butterfly-shaped (or thick H-shaped) region of gray matter that sits in the middle of the white matter. The grey matter, which consists of nerve cell bodies, has two areas on each side (or butterfly wing) within the area of the cervical spine of the spinal cord: Posterior (dorsal) horn. This rear part of the grey matter fabric connects to the posterior nerve root and receives sensory signals, such as for pain, temperature and touch. Front (ventral) horn. This anterior part of the gray matter region connects to the anterior nerve root and sends motor signals to control muscles, such as in the neck, shoulder, arm, hand, or elsewhere. White matter consists of axons covered with myelin (which consist of proteins and lipids that help protect the axons and facilitate the transmission of nerve signals). Collections of axons are called tracts. Some spinal tracts carry sensory signals to the brain, while others carry motor signals down toward muscles to control the body. In the cervical spine, the anterior horns of the gray matter are enlarged at spinal levels C4 to C8 compared to levels above and below.1 ad The spinal meninges help prevent the spinal cord from direct contact with the legged cervical spine. The three layers of spinal meninges are the dura mater, arachnoid mater, and pia mater. Read when is a stiff neck serious? Within the neck area, the spinal meninges help prevent the spinal cord from direct contact with the legged cervical spine. The three layers of the spinal meninges are: Dura mater. This tough outer layer is made up of dense fibrous tissue. The dura mater is the only layer of spinal meninges that can feel pain. Arachnoid mater. This middle layer consists of elastic tissues and collagen in a spider web-like network. The arachnoid mater is named after this unique web-like structure. Pia Mater. This inner layer attaches and connects the spinal cord and brain. Of the three meninges, the pia mater is the thinnest and most delicate. See When Neck Stiffness can mean Meningitis The cerebrospinal fluid, which is made in the brain, runs under the arachnoid mater in the subarachnoid space and above the pia mater. Signs and symptoms of spinal cord compression If the spinal cord is compressed, a number of functions involved in or below the compression level may be affected. Usually the problems created are bilateral, i.e. on both sides of the body. Some potential signs and symptoms of spinal cord compression in the neck may be one or more of the following: Weakness or decreased coordination. A few examples are changes in how a person walks (gait) or impaired fine motor skills in the hands. Numbness or tingling. A pins-and-needles tingling and/or impaired ability to feel touch can be experienced in one or more regions of the body, such as the arms or legs. See what causes hand pain and numbness? Pain. If pain is present, it can range anywhere from mild neck pain to a sharp or burning pain. For some people, bending head forward can cause electrical-like pain in the arms and legs. See what is cervical radiculopathy? Bowel and/or bladder dysfunction. Problems with controlling various bodily functions, such as the bladder and/or intestines, can develop. Develop. are many other possible signs and symptoms of spinal cord compression. Neurological deficits, such as weakness, numbness or decreased coordination, require immediate medical evaluation. See Spinal Cord Compression and Dysfunction from Cervical Stenosis advertisement Sometimes an accident or collision can lead to a more severe spinal cord injury beyond the more typical inflammation or compression associated with degenerative changes. Spinal cord injuries are usually classified by the spinal nerve level at which function is lost or impaired. For example, a C6 spinal cord injury would result in impaired or lost function of the C6 nerves and all nerves below. A person with a C6 spinal cord injury would be able to breathe and move the head and shoulders properly, but there would be struggles with moving the arms and probably no ability to move the torso or legs. Sensations under the shoulders would also likely be affected or lost.

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