

NEUROLOGY

Caudal Cervical spondylomyelopathy (CSM)

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Caudal Cervical spondylomyelopathy (CSM) Wobblers Syndrome, is a disease of the cervical spine (base of the neck) that is commonly seen in large and giant-breed dogs, where Doberman Pinscher and Great Danes are overrepresented.

Other common names for CSM include: Cervical Vertebral instability, Cervical Malformation/Matriculation Syndrome, Disc Associated Wobbler's Syndrome.

CSM is characterized by osseous (or bony) compression of the spinal cord and/or nerve roots, which leads to neurological signs and/or neck pain. The term wobbler syndrome is used to describe the characteristic wobbly gait (walk) that affected dogs have.

There have been many suspect causes of CSM such as nutritional causes and body conformation causes both which have been discredited. As of late rapid growth was suggested as the cause however never confirmed.

There are two types or forms of CSM, a Dynamic form and a Static form. Dynamic Wobblers: Dynamic spinal cord compression (compression that changes with different positions of the cervical spine) always occurs with any type of compression. In this form the lesion is one that worsens or improves with different positions. Static Wobblers: Vertebral malformation (bony associated compression) is most commonly seen in giant breed dogs, usually in young adult dogs that are less than three years of age. The bony malformation can compress the spinal cord from the top and

bottom, from the top and sides, or just from the sides.

Diagnosis requires advanced imaging with the safest and most reliable diagnosis achieved by MRI and potentially dynamic MRI. While CT can be used the advantage of MRI is that it allows direct visualization of the spinal cord and signal changes to the cord itself.

Treatment varies from medical support, exercise restriction, pain medications, anti-inflammatories all the way to surgery.

Different

cases will have different recommendations for treatment.

In regard to long term management of wobblers syndrome, if elected to treat without surgery this will require long term medical management going forward. With surgical correction there is about a 20% recurrence rate however when surgical correction is elected about 25% will remain stable.