### Table 24-1

#### Spinal Cord Syndromes

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Findings</th>
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| Anterior cord | • Damage from the ventral portion of the spinal cord  
|              |   o Interruption of the ascending spinothalamic tracts and descending motor tracts  
|              |   • Loss of pain and temperature sensation and motor control  
|              |   • Preservation of posterior column (proprioception/vibratory sensation)  
|              |   • Worst prognosis                                                                                                                        |
| Central cord  | • Usually associated with cervical spondylosis and a hyperextension injury  
|              | • Hands are usually more severely compromised  
|              | • More significant injuries impair upper extremity motor function more than lower extremity motor function  
|              | • Approximately 50% will regain ambulatory function                                                                                      |
| Posterior cord | • Disruption of the dorsal column tracts  
|              | • Loss of proprioception and vibratory sensation  
|              | • Extremely uncommon                                                                                                                      |
| Brown-Sequard | • Hemisection injury of the spinal cord  
|              | • Ipsilateral loss of motor control  
|              | • Contralateral loss of pain and temperature sensation below the level of the lesion  
|              | • Best prognosis                                                                                                                          |

**Figure 24-1.** MRI of a patient with pre-existing spinal stenosis who suffered a fall, which resulted in central cord syndrome. The white arrow shows new signal changes to the spinal cord, indicating injury.