




Treatment Algorithm 2024

Canine Chiari and Syringomyelia

How to use this document

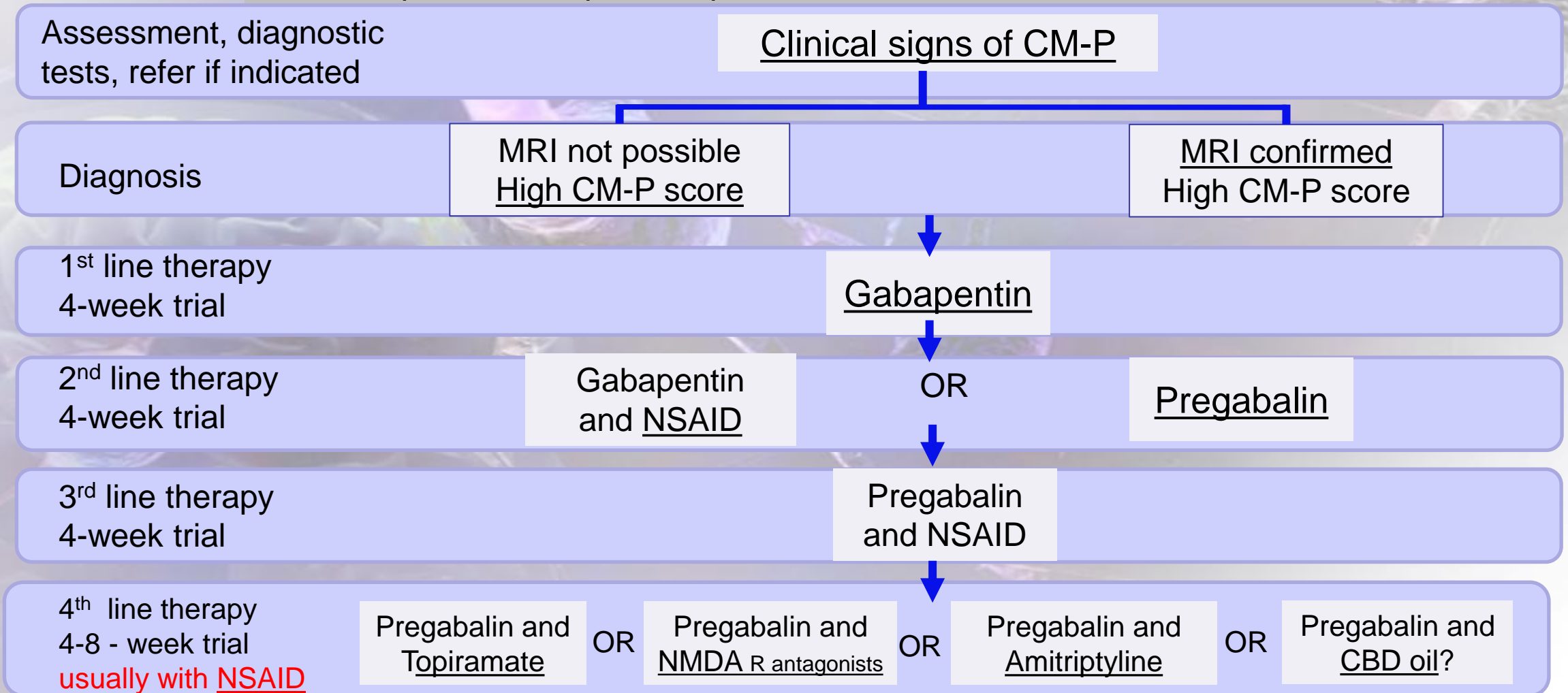
- The **Canine Chiari and syringomyelia treatment algorithm** is now supported by many  **YouTube** videos (some listed at the end of the document)
- You can access the videos by clicking on underscored words → [Click!](#)
- The Canine Chiari and syringomyelia treatment algorithm is also supported by **Chiari-Check**. A diagnostic tool which generates a Chiari-pain and SM-score to help determine if Canine Chiari or syringomyelia is likely before an MRI scan (or if MRI not possible) and ultimately to monitor clinical signs. → [Chiari Check](#)
- Chiari-Check is still under development developed and will improve in accuracy in time
- The Canine Chiari and syringomyelia treatment algorithm is intended for **veterinary surgeons** and drugs should only be prescribed under the care of a veterinary surgeon
- Please refer to your national guidelines - gabapentinoid drugs and CBD oil are controlled in many countries and all the drugs indicated in the algorithm are being used off label and care givers should be advised accordingly
- The video explaining the CMSM treatment algorithm can be accessed → [Here](#)

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Medical Treatment algorithm 2024 – Chiari-Pain

Assumes poor / inadequate response to NSAID or other licenced medication

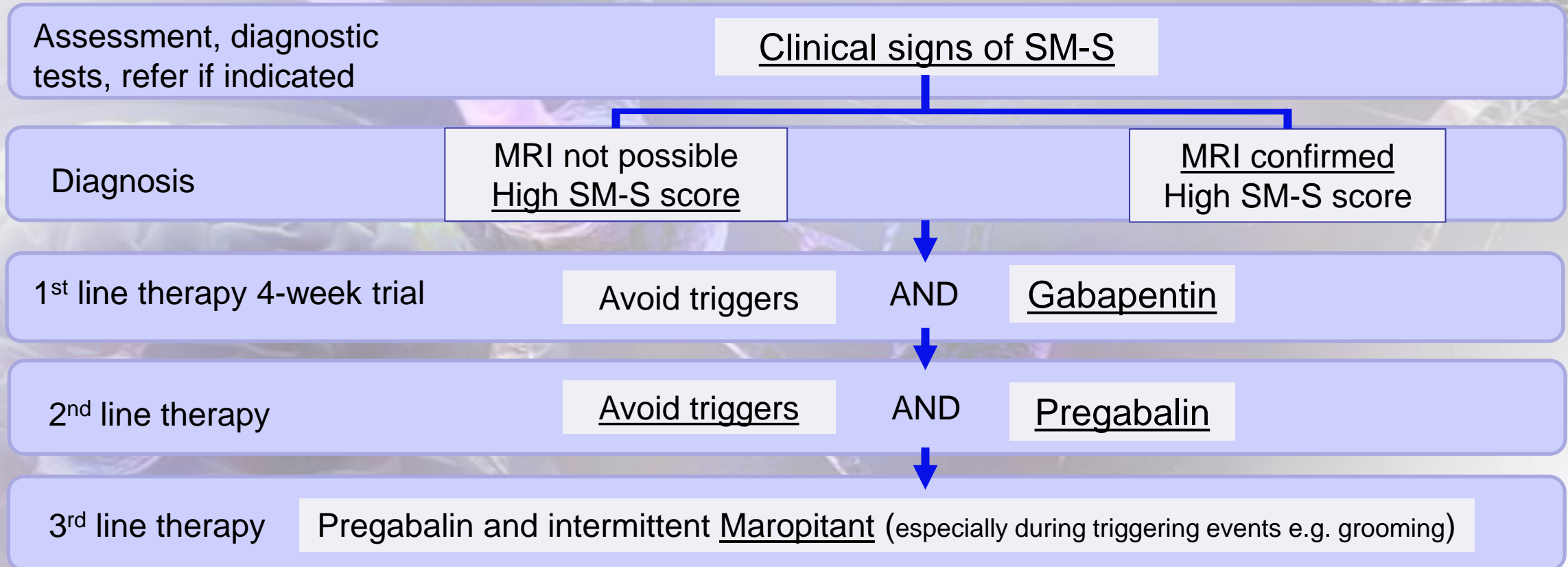


Top up therapy / bad pain days

- **First line**
 - Add a NSAID (if not already receiving)
- **Second line (not cats)**
 - Add paracetamol (acetaminophen)
 - 10-20mg/kg up to every 8 hours
 - Long term not advised if giving more than 5 days reduce dose e.g. 10mg/kg every 12 hours
- **Third line**
 - Ketamine (see supporting video)
 - Subcutaneous injection (one off or monthly)
 - Intravenous infusion (one off or monthly)

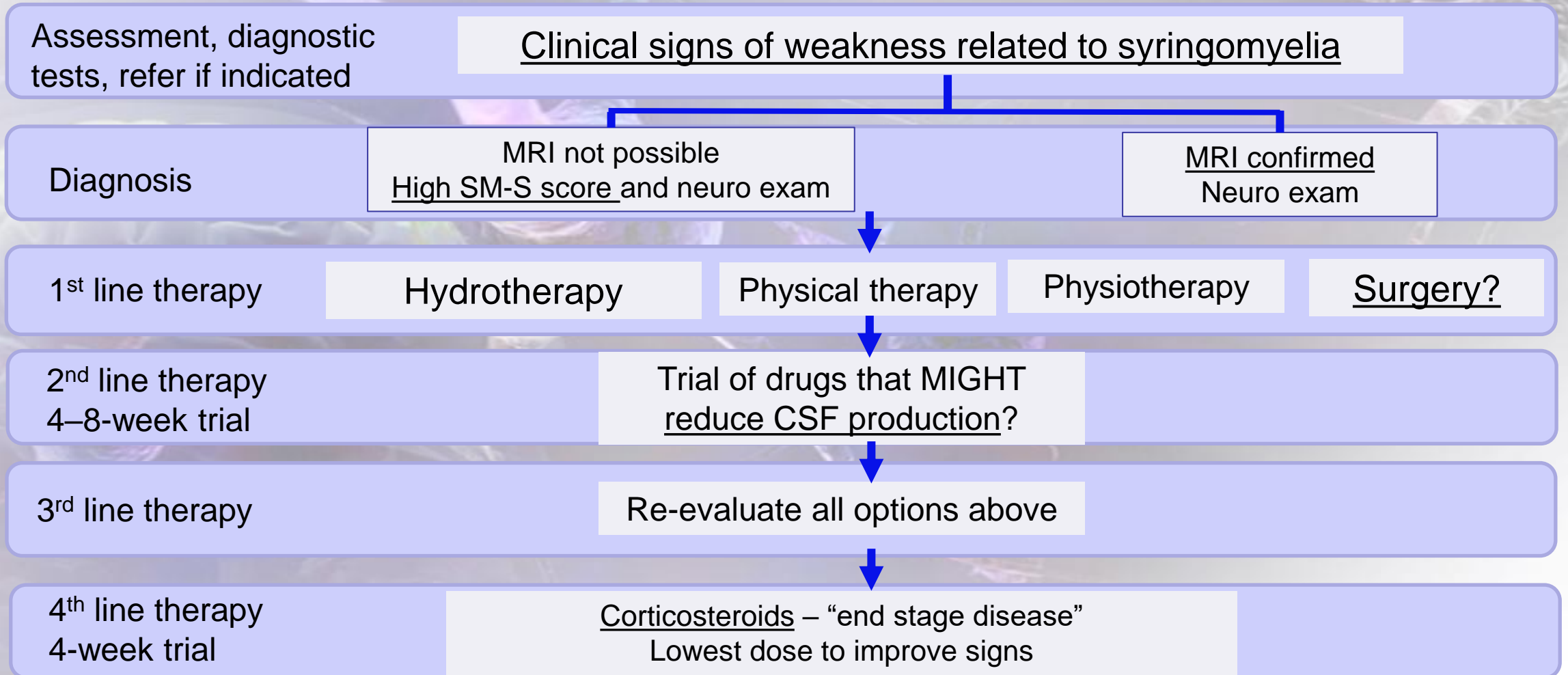


Treatment algorithm 2024 – Phantom Scratching (SM-S)



In addition, optimised management Chiari-Pain

Treatment algorithm 2024 – Syringomyelia weakness



When is surgery indicated?

- CM Pain – unresolved with medical management
- MRI suggests **progressive disease** likely
 - and where surgical management has a fair to good prognosis to reverse that progression (i.e. collapse the syrinx).
- **Weakness (forelimb and spinal)**
 - and where surgical solution that has a fair to good prognosis to improve or stabilise situation

[Supporting Video](#)

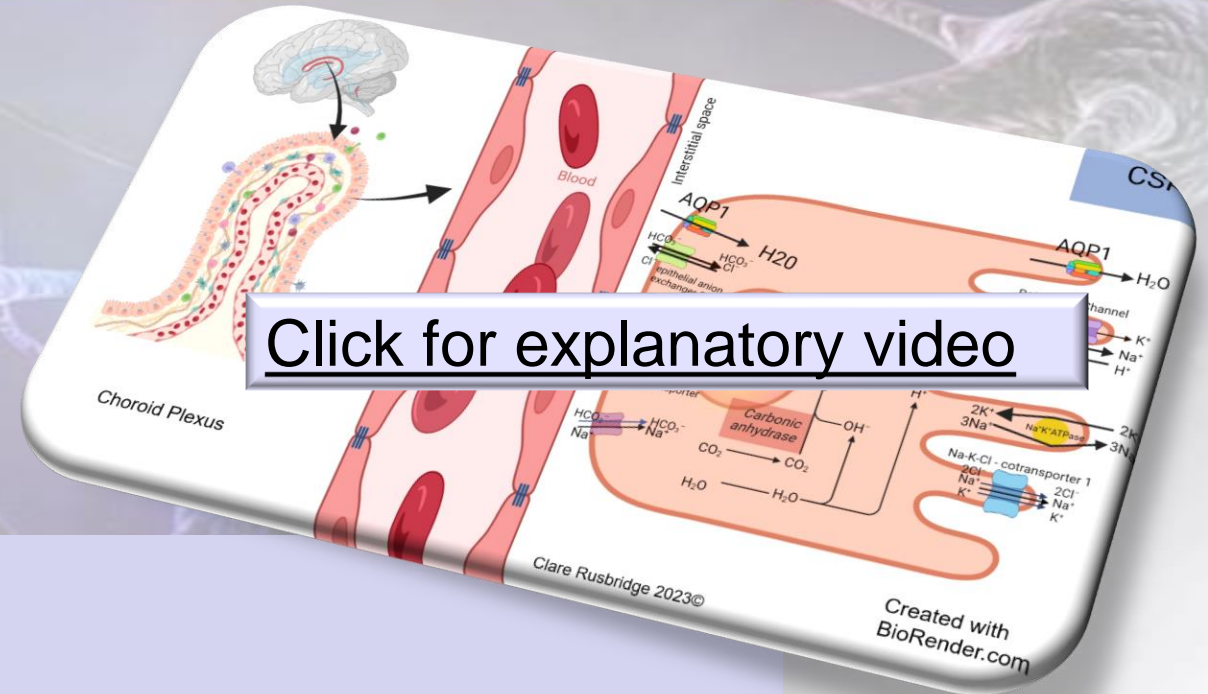


Trial of drugs that **MIGHT** affect CSF production indicated?

- Hydrocephalus
 - Surgery not option or failed
- Poorly controlled CM pain
- Weakness
 - Surgery not option or failed

Based on available evidence

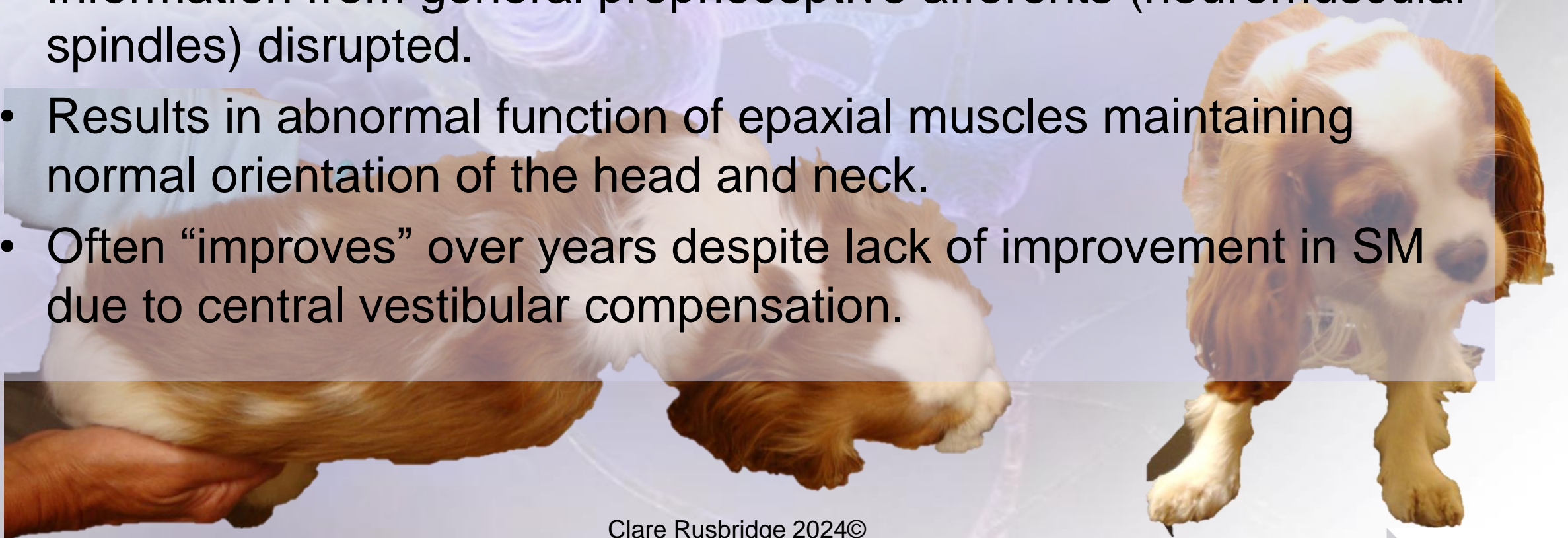
- First Line – Topiramate
 - May be limited by sedation in neurologically compromised animal
- Second Line Omeprazole
 - High Dose?
 - Preferred option if regurgitation also issue



Cervicothoracic torticollis / scoliosis



- Syrxinx in C1-C3 spinal cord segments.
- Information from general proprioceptive afferents (neuromuscular spindles) disrupted.
- Results in abnormal function of epaxial muscles maintaining normal orientation of the head and neck.
- Often “improves” over years despite lack of improvement in SM due to central vestibular compensation.

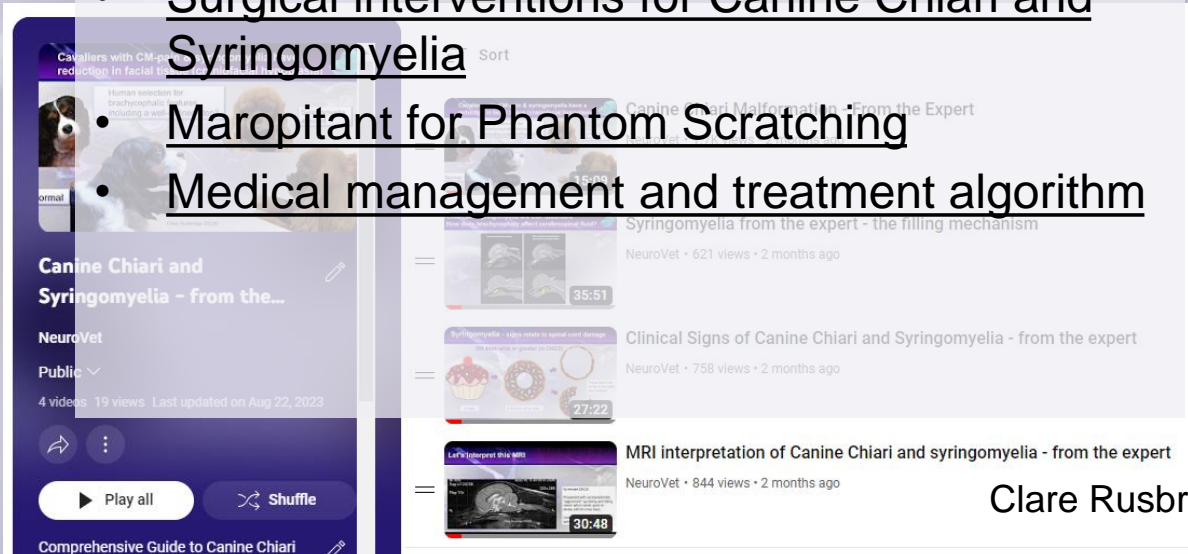


Supporting videos (click to access)



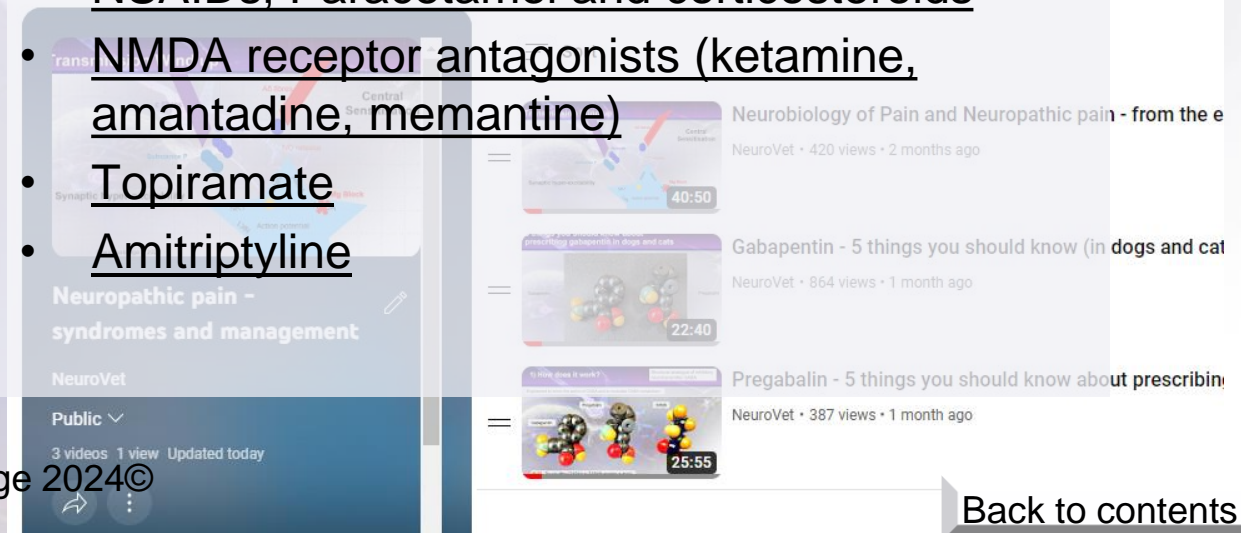
Canine Chiari and Syringomyelia Playlist

- Canine Chiari Malformation
- Syringomyelia – the filling mechanism
- Clinical Signs of Canine Chiari and Syringomyelia
- MRI interpretation of Canine Chiari and Syringomyelia
- Drugs that modulate CSF production
- Surgical interventions for Canine Chiari and Syringomyelia
- Maropitant for Phantom Scratching
- Medical management and treatment algorithm



Neuropathic Pain Playlist

- Neurobiology of pain and neuropathic pain
- Gabapentin
- Pregabalin
- Palmitoylethanolamide (PEA)
- Cannabinol (CBD oil)
- Emotional Health, exercise, physiotherapy, acupuncture and sleep
- NSAIDs, Paracetamol and corticosteroids
- NMDA receptor antagonists (ketamine, amantadine, memantine)



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