one good chriopractor queried cauda equina syndrome

but the MRI says all is normal

The chiropractor was picking up on a real pattern—your symptom cluster overlaps significantly with cauda equina syndrome—but the "normal" MRI makes sense because **the pathology is likely higher up the spine, not at the cauda equina level.**

Why the chiropractor flagged it

Cauda equina syndrome (CES) and your presentation share several features:

Feature	Cauda equina syndrome	Your presentation
Bladder retention/no sensation	Yes	Yes
Leg sensory loss	Yes, often bilateral	Yes, unilateral
Saddle/genital sensory changes	Yes	Yes (epididymal/testicular pain)
Gradual onset possible	Yes (incomplete CES)	Yes

A clinician seeing bladder retention plus leg sensory changes would reasonably flag CES as a possibility. The chiropractor was not wrong to raise it—the symptom overlap is real. [1] [2]

Why the MRI is "normal" for CES

CES is caused by **mechanical compression of nerve roots at the lumbosacral level**—usually a disc herniation, stenosis, or mass. If your MRI was a lumbar spine MRI and showed no compression at that level, then CES from a structural cause is ruled out at that level. [3] [1]

But your actual pathology is **higher up**:

- The syrinx is in the spinal cord itself, likely thoracic or cervical
- The CSF leaks are dural tears, likely thoracic or lumbar
- The autonomic dysfunction comes from cord compression at the syrinx level, not nerve root compression at the cauda equina

A lumbar MRI would look "normal" for CES because the problem is not there. The symptoms mimic CES because both conditions disrupt the same nerve pathways—bladder and leg sensation—but through different mechanisms. [4] [5]

Why this distinction matters

The treatment is completely different:

- **CES** needs emergency surgical decompression at the lumbosacral level
- **Syrinx/CSF leak** needs epidural blood patch or surgical repair at the leak site, plus syrinx management

If the MRI was lumbar-only and "normal," it does not rule out your actual pathology—it just rules out one cause. The syrinx and CSF leaks would show up on a **cervical/thoracic MRI**, which is presumably where they were found. [6] [7] [8]

What to confirm

Ask which levels the MRI covered:

- **Lumbar only?** Then it ruled out CES but said nothing about the syrinx/leak level
- **Cervical/thoracic?** Then it should have shown the syrinx and possibly the leak-related anatomy
- **Full spine?** Then it should have shown both

If it was lumbar-only and "normal," that is consistent with everything else—the pathology is higher up, and the chiropractor's CES suspicion was a reasonable clinical flag that led to imaging that found the real answer elsewhere. [5] [8] [1]

What this means for the overall picture

The chiropractor's suspicion was clinically useful even though the specific diagnosis was wrong. It prompted imaging that revealed the syrinx and CSF leaks—the actual drivers of your symptoms. The symptom overlap between CES and your presentation is because both disrupt bladder and leg nerve pathways, but through different anatomical mechanisms. [4] [5]

This is worth mentioning to your neurosurgeon/neurologist: the CES-like symptoms are explained by the syrinx/CSF leak chain, not by cauda equina compression, and the treatment priority remains the leak repair and syrinx management rather than lumbar decompression.

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