Craniocervical instability and hEDS

The following extract is taken from: Understanding hypermobile Ehlers-Danlos Syndrome and Hypermobility Spectrum Disorder

Chapter 2
Part 2 - Area specific symptoms & comorbidities

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Craniocervical instability (also known as also known as the syndrome of occipitoatlantoaxial hypermobility) and hypermobile Ehlers-Danlos syndrome

The craniocervical junction (the interface between the skull and cervical spine) comprise a joint(s) which seems to be susceptible to the same strain and injuries as seen in other joints in Ehlers-Danlos syndrome (Tinkle B. et al 2017). The lack of structural stability at the craniocervical junction may lead to a deformation of the brainstem, upper spinal cord, and cerebellum. Studies about the prevalence as well as the symptoms, imaging, and management are scarce, but in some individuals it is thought craniocervical instability can result in one or more of the following: Nerve dysfunction, compression of the brain stem (loose ligaments can misalign the proper angle of the odontoid bone causing it to push backwards, compressing the brainstem), cranial settling (the skull sinks downward onto the spine), and Chiari malformation (Gazit Y. et al 2016 / The Pain Relief Foundation - Prof P. Eldridge et al / Milhorat T.H. 2007)

References:


The Pain Relief Foundation: - Prof Eldridge P.; Dr Nash T; Dr Sharma M; Dr Wiles J; Dr Wells J; Lawton W; Gee D; Daley J. - http://www.thepainrelieffoundation.com/craniocervical-instability/

Resources:
The Pain Relief Foundation -including:
What is craniocervical Instability?; What is the link to Ehlers-Danlos syndrome?; How does craniocervical Instability occur?; What are the symptoms of craniocervical Instability?; How is craniocervical instability diagnosed? http://www.thepainrelieffoundation.com/craniocervical-instability/

Julier K. for Ehlers-Danlos Support UK, and ITV News 2017 - Evidence building for EDS patients with CCI needs to start somewhere