

AANS Position Statement on the Use of Cervical Decompression for Chronic Fatigue Syndrome

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AANS Does Not Recognize Cervical Decompression as a Treatment for Chronic Fatigue Syndrome

Recent reports on research exploring the use of cervical decompression as a treatment for chronic fatigue syndrome have become a subject of concern in the neurosurgical community. There is no scientific evidence that chronic fatigue syndrome is a neurological disorder or that it requires surgical intervention. Therefore, the American Association of Neurological Surgeons (AANS) does not recognize the use of cervical decompression as a treatment alternative for chronic fatigue syndrome.

Chiari malformation is a congenital anomaly in which two parts of the brain, the brainstem and the cerebellum, protrude down into the spinal canal through the foramen magnum, the opening at the base of the skull through which the spinal cord connects with the brain stem.

Surgical correction of a Chiari malformation typically consists of a crano-vertebral decompression, a procedure used to widen the opening of the foramen magnum and the upper end of the spinal canal, thereby providing more space for the brainstem, spinal cord, and descended cerebellar components to relieve symptoms of their compression.

Patients with a Chiari malformation commonly exhibit such symptoms as head and neck ache, neck muscle pain and spasm, dizziness and difficulty swallowing. Although some symptoms of chronic fatigue may be shared by some of those with patients with a Chiari malformation, they should not be confused as signs of abnormal brain function, nor should they be surgically treated as such.

In view of the very small subset of patients diagnosed with chronic fatigue syndrome who also suffer from some element of crano-vertebral compression and the recent claims that there is a neurological link between a Chiari malformation and chronic fatigue syndrome, the AANS recommends that scientific clinical trials evaluating the co-existence of Chiari malformation and chronic fatigue be undertaken to determine any possible relationship between these two disparate entities. At present, surgical treatment consisting of crano-vertebral decompression has definite risks associated with it, and should be reserved only for patients harboring clinical and radiographic evidence of Chiari malformation.