Brodbelt and Stoodley ( [i] ) in their recent review of post-traumatic syringomyelia, noted that more than a quarter of spinal cord injury patients develop syringes.

They remarked:

"The mechanism of initial cyst formation and progressive enlargement are unknown, although arachnoiditis and persisting cord compression with disturbance of cerebrospinal fluid flow appear to be important aetiological factors."

Vannemreddy et al. in Ontario, Canada, ( [ii] ) looked at predisposing factors.

They remarked:

"PTS follows complete spinal cord injury (SCI) more often than incomplete and is frequently associated with arachnoiditis."

Onset of symptomatic PTS tends to be earlier with increasing age, and at cervical and thoracic levels compared with lumbar.

Displaced fractures and spinal instrumentation without decompression are also factors.

Post-surgical:

Polish authors Och, Smolka and Kopec ( [iii] ) looked at a case in which removal of a meningioma of the fourth ventricle (cerebral) was followed by development of syrinx at T11-12 eighteen months later, associated with arachnoiditis.

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[i] Brodbelt AR, Stoodley MA. *J Clin Neurosci*. 2003 Jul; 10(4):401-8. Post-traumatic syringomyelia: a review.
[ii] Vannemreddy SS, Rowed DW, Bharatwal N. *Br J Neurosurg* 2002 Jun; 16(3):276-83 Posttraumatic syringomyelia: predisposing factors.
[iii] Och W, Smolka M, Kopec J. *Neurol Neurochir Pol* 2001;35 Suppl 5:119-24 [Syringohydromyelia--coexistence or complication following removal of meningioma of forth ventricle]