

Rx FOR SUCCESS Arnold-Chiari Malformation

Arnold-Chiari malformation [Chiari malformation (CM)] is a congenital defect at the base of the brain. The cerebellum (part of the brain which controls balance) and the brain stem (which controls respiratory and heart functions) are pushed down into the spinal canal. This herniation of the brain sometimes blocks the flow of fluid (cerebrospinal fluid (CSF)) leading to increase CSF pressure. This elevated pressure may cause enlarged brain ventricles (hydrocephaly) or syringomyelia (cavity or "syrinx" the cervical spinal cord).

CM is often asymptomatic or it can present with headache and/or cerebellar problems, such as vertigo, imbalance, and in-coordination. If syringomyelia is present, signs and symptoms depend on the severity of the spinal cord compression by a growing syrinx.

There are four types. Type I CM is most common and least severe. It can be an incidental finding on a brain scan done for other reasons (such as migraine headache). Brain herniation is mild. Usually, there are no symptoms and no clinical findings. However, hydrocephalus and/or syringomyelia can occur with Type I. Type II CM causes more severe brain herniation, resulting in significant neurologic problems. Hydrocephalus and myelomeningocele (protuberance of membrane and spinal cord through a hole in the vertebral bone) are usually present (with or without syringomyelia). Type III and Type IV CM are most severe and rare.

Due to considerable risk, preventive surgery is not indicated. Surgery is only done for symptomatic lesions. The goal of surgery is to decompress nerve tissue and restore the free flow of CSF. Surgical procedures vary but may include removal of the back of the skull and back of the first few neck vertebrae. This creates more space for the cerebellum and brainstem. A tube is sometimes placed in a syrinx to shunt fluid to the peritoneal or chest cavity. Surgery may or may not relieve symptoms and has not been shown to improve mortality. Surgery is unlikely to reverse severe neurological defects (e.g. paralysis), and such applicants are uninsurable.

The most likely scenario that will be encountered in underwriting is the incidental, asymptomatic (no more than mild headache) Type 1 CM without a syrinx or hydrocephaly. No treatment or follow-up is deemed necessary by the AP. The applicant has no bladder problems due to nerve damage, mobility problems, or cognitive impairment.

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Possible ratings are given in the table below.

CHIARI MALFORMATION					
Incidental Type I OR Type I with no syringomyelia and/or hydrocephaly and no posterior fossa decompression surgery	0				
 Type I with syringomyelia and/or hydrocephaly (with or without shunt), but no posterior fossa decompression surgery Best case hydrocephalus Hydrocephlus with shunt Best case syringomyelia Others 	O Table C Table E Decline				
 After posterior fossa decompression surgery: ≥1 year after surgery. All signs and symptoms have resolved (other than mild headache). 					
Туре І	Rate as above				
Туре II	Table F				

Others Decline For example, client had a CT of the head after trauma. Chiari I malformation was noted. Client is

asymptomatic. He would not be rated.

To get an idea of how a client with a history of Arnold-Chiari Malformation would be viewed in the underwriting process, use the Ask "Rx" pert Underwriter on the next page for an informal quote.

Ask "Rx"pert Underwriter	(Ask Our Expert)					
After reading the Rx for Success	s on Arnold-Chiari Malfor	mation please feel free to	use the A	Ask "Rx"pert U	nderwriter for an i	nformal quote.
Producer		Phone		Fax		
Client		Age/DOB		Sex		
If your client has had a diagn CT or MRI reports.	osis of Arnold Chiari ma	alformation, please answ	wer the fo	ollowing quest	ons and send th	e most recent
1. When was the diagnosis m	ade? (Date)					
2. When was the surgery com	pleted? (Date)					
3. Please note type of surgery	<i>y</i> .					
□ Ventricular shunt	Decompression	□ Other				
4. Please note current neurol	ogic status and/or symp	otoms.				
Headache 🛛 Yes	s 🗖 No	Breathing problems	🗖 Yes	🗖 No		
2		Dizziness/fainting	□ Yes	□ No		
Muscle weakness Yes	s □No					
5. What are the current symp	toms if any:			_		
6. Is there a history of any ot	her neurological conditi	ions?				
☐ Yes. Please give details ☐ No						
7. Is your client on any medi	cations?					
☐ Yes. Please give details □ No						
8. Has your client smoked ci	garettes in the last 12 r	nonths?				
Yes No						
9. Does your client have any	other major health prob	lems (e.g., cancer, etc.)	?			
☐ Yes. Please give details ☐ No						