



Editorial

In Spinal Cord this month . . .

Sexual aspects of individuals with severe spinal paralysis

Our basic scientific and clinical knowledge of sexual disturbances arising from severe spinal paralysis (SCI) is steadily increasing and is changing fast. In a clinical study by Whipple and Komisaruk (p 136) in women with a complete SCI and in related neurophysiological animal studies they found that genital stimulation mediated orgasm and they consider that more pathways exist from the sexual system to the brain.

Serious problems in males with severe SCI are ejaculatory failure and poor fertility but these may be overcome by modern therapeutic measures and Yamamoto et al (p 179) report successful fathering of a child by the conjunction of electroejaculation and intracytoplasmic sperm injection.

Spinal traction for neurological disorders

The introduction and the development of quite ingenious forms of spinal traction initially for certain medical disorders but in more recent times for neurosurgical and orthopaedic conditions are set out by Shtrenshis (p 139) with the inclusion of some remarkable line drawings.

The practical value of the early admission of SCI patients to a specialist spinal centre

In their audit, Aung and El Masry (p 147) clearly and unequivocally demonstrate the very important, indeed unique, clinical and socio-economic benefits obtained by the earliest possible admission of SCI patients to a spinal centre which has comprehensive facilities.

A study of fibrinolytic reactivity in SCI patients regarding the risk of deep vein thrombosis

On p 151 Boudaoud et al studied a series of SCI patients and a control group of healthy volunteers regarding fibrinolytic reactivity in relation to venous occlusion. Very high levels of fibrin degradation were found in 75% of patients whether or not they were receiving prophylactic anticoagulation.

The diagnosis and management of heterotopic ossification

One of the commonest, least understood and indeed also difficult to treat complication after SCI is heterotopic ossification but Banovac and Gonzalez

(p 158) in their article indicate that the condition can be diagnosed at an early stage by the use of bone scintigraphy and indeed its progress may be prevented by early treatment with etidronate.

Neuroanatomical and clinical aspects of lesions of the epiconus

Epiconus lesions may result in complex neurological syndromes and these have been carefully studied and reported in the paper by Toribatake et al (p 163) with, in particular, reference to patients presenting primarily with radicular type leg symptoms. They suggest that the termination of the spinal cord was approximately 1.6 vertebrae distal to the level of the epiconus compromise.

The pharmacological treatment and assessment of effectiveness of spasticity in persons with SCI

Priebe et al (p 171) have found that gabapentin which is an anticonvulsant clinically similar to gaba appears to be effective in improving spasticity in some individuals with a SCI. A quantitative assessment of the improvement was obtained by using the technique called brain motor control assessment (BMCA).

Another form of assessment of the antispastic effects of pharmacological treatment is the use of a motorised exercise cycle and documentation by a decrease of F-wave amplitude parameters as described by Rosche et al (p 176).

Multiple thoracic disc herniations

Intervertebral disc herniation in the thoracic region is uncommon and certainly more than one such disc herniation in the same patient is extremely rare. However, Okada et al (p 183) report such a case and also provide an interesting review of the available literature. Certainly the clinical situation has been greatly helped by the availability of MRI. Their patient made a full neurological recovery following anterolateral transthoracic operation to excise the disc protrusion.

Phillip Harris
Editor