In Spinal Cord this month . . .

Psychological aspects of patients with a combined spinal cord injury and brain injury

Strubreither *et al* (p. 487) take up the somewhat daunting challenge of examining the not too uncommon but complex clinical situation of patients with the combination of a spinal cord injury and a brain injury, from the neuropsychological rehabilitation points of view. Obviously this calls for a truly comprehensive rehabilitation facility to be available.

The social status of paraplegic individuals

In another article on rehabilitation Berghammer *et al* (p. 493) analysed the social data in a detailed study of 2000 paraplegic patients from German Spinal Cord Injury Centres. This has resulted in interesting and important information concerning the successes but also some of the problems relating to vocational rehabilitation.

Clinical Case of the Month: Urology

The topic this month is one of the most important for spinal paralysed people – pertaining to a patient with neuropathic urinary incontinence. Madersbacher and his four neuro-urological experts (p. 498) each provide an interesting but not quite the same plan of action for the treatment of the patient. The article gives an interesting insight into the thinking and reasoning of the five experts.

The Post-Polio Syndrome

The possible late sequelae of anterior poliomyelitis is known as the Post-Polio Syndrome and a main feature of this, as was previously described by the present authors, is cardiorespiratory deconditioning. Now, Stanghelle and Festvag (p. 503) inform us about the possible benefits that such patients may have had from comprehensive rehabilitation after a five year follow-up period. Unfortunately, even allowing for an increase in age of the patients, there was a decrease in cardiorespiratory fitness.

Swimming pool related spinal cord injuries

‘Prevention is better than cure’ is vividly brought out in the important paper by De Vivo and Sekar (p. 509) who investigated all essential aspects of 341 patients who had sustained a serious spinal cord injury from diving into a swimming pool. Several practical, vital lessons can be learnt from this article; such terrible tragedies!

Psychological distress after spinal cord injury

Some of the possible psychological consequences of a spinal cord injury are discussed by Scivoletto *et al* (p. 516) in their study of 100 patients and, in particular, anxiety and depression. Such features were seen in 20% of their patients and were maintained over time. The necessity for a psychological service for spinal cord injured patients both on an inpatient and outpatient basis is stressed.

Urinary catheter blockage

A very practical problem for spinal cord injury patients is that of blockage of a urinary catheter and Burr and Nuseibeh (p. 521) in their important article provide explanations for the blockage stressing, in particular, the urine pH and calcium and outlining the preventative measures necessary to deal with this problem.

Surgery and pain following a spinal cord injury

Pain is common after a spinal cord injury and Sved *et al* (p. 526) have carried out an interesting study on 100 of their patients, 69 of whom it was decided required some form of surgical intervention. Their conclusion after follow-up for a year was that there was an increase of musculoskeletal pain at 2 weeks but from 4 weeks until 12 months there was no relationship between the surgery and pain.

Spinal cord injuries in Turkey

It is interesting and important to have some information on the epidemiology of traumatic spinal cord injury in various regions of the world and Karamehmetoglu *et al* (p. 531) provide this for SE Turkey. The annual incidence was 16.9 per million of the population and the major causes of traumatic spinal cord injury were falls (37.3%) followed by gunshot wounds (because of armed conflict) (29.3%) then car collisions (25.3%).

Polymicrobial urinary tract infections

Darouiche *et al* (p. 534) provide a convincing argument for limited microbiological investigations to be reliable guide for the treatment of spinal cord injury patients with symptomatic polymicrobial urinary tract infection antibiotic therapy and saying that this approach is practical and adequate and is indeed cost saving.

Respiratory capabilities in tetraplegic patients

In tetraplegic patients respiratory problems are common including ineffective coughing. This is particularly the case with high level tetraplegia and in the study by Zupan *et al* (p. 540) the spinal neurological level was C4 in two, C5 in two, C6 in six and C7 in three patients. After careful assessment the authors studied the effects of special respiratory muscle training and of electrical stimulation (ES) of the abdominal muscles and found that the former was of practical respiratory benefit to the patients and that ES of the abdominal muscles had potentials to improve coughing.

Gracilis urethromyoplasty

Chancellor *et al* (p. 546) describe an intriguing operation carried out in five male patients and a follow-up of 6–35 months, where a neurovascularly intact gracilis muscle was transposed and used to obtain urethral compression and restore urinary continence. The patients requiring the operation had had denervated and damaged urinary sphincter

mechanisms. The results were that three patients managed with intermittent catheterisation, one by an ileocystostomy and one required an indwelling urethral catheter

OPLL and ankylosing spondylitis causing spinal cord injury

This case report by Huang (p. 550) is of a rare combination of two 'ossifying diseases' occurring in the thoracic spine in a patient and causing a spastic paraparesis. The result of a laminectomy decompression operation was entirely satisfactory as was seen at the 2 year follow-up study with absence of neurological signs.

Brown-Sequard Syndrome due to a foramen magnum schwannoma

A somewhat unusual clinical syndrome occurred in a 64 year old patient from a foramen magnum region schwannoma. The anatomy and physiology are discussed by Sairyo *et al* (p. 554) in their case report.

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