In Spinal Cord this month . . .

The Clinical Case for this Month concerns the management of a complex situation in a young man with very serious complicated recurrent pressure ulcers. The psychological and poor compliance problems are discussed by Biering-Sørensen and his six surgical experts (p. 641), who have accepted the somewhat daunting surgical, nursing and rehabilitation challenges present, and offer in clear statements, their therapeutic recommendations for this unfortunate patient.

Functional muscle electrical stimulation causing an autonomic dysreflexia response.

A neat and impressive study by Matthews *et al.* is provided (p. 647) in which they show that the use of topical anaesthetic cream to the skin at the FES site (they used the quadriceps muscle) does not affect the AD-like response. They suggest that other mechanisms than skin nociception are operative in this situation.

Subjective respiratory dysfunction in SCI subjects.

Spungen *et al.* (p. 652) evaluated the prevalence and the type of respiratory symptoms occurring in 180 SCI subjects and provide interesting information concerning the level of the spinal cord lesion in relation to such symptoms including the effects of physical activities and of smoking – whether active or passive.

Pain in the acute phase of SCI.

A telephone questionnaire survey of a number of SCI patients was carried out by New *et al.* (p. 658) assessing the intensity of pain which was recorded on a Visual Analogue Scale. The commonest pain syndromes were 'neuropathic' and 'myofascial'. Various therapies were used and at the 1 year review it was found that neuropathic pain remained common, whereas myofascial and 'orthopaedic' pain had decreased.

The correlation between the clinical and MRI features in acute SCI.

This article by Ramon *et al.* (p. 664) is a useful addition to the scientific literature on the practical prognostic value of relating the clinical features of SCI patients to the MRI appearances. The latter studies were undertaken within 15 days following trauma. Their patients with a normal MRI progressed to complete resolution of their neurological abnormalities. The likely spinal cord pathology as evinced by the MRI appears to be related to the SCI syndrome.

Spinal (3-Dimensional) CT of the cervical spine.

An ingenious CT technique has been used by Baba *et*

al. (p. 674) to estimate the degree of enlargement of the cervical spinal canal following extensive laminoplasty for cervical myeloradiculopathy. It was shown that postoperative neurological improvement did, in fact, correlate significantly with the increase in canal volume.

Physiological responses to arm and leg exercise in paraplegic individuals.

A further contribution to the physiology and in particular the metabolic effects of exercise in SCI patients is provided in the article by Raymond *et al.* (p. 680). They made a careful study of the respiratory and cardiac effects of combined arm plus the electrical stimulation of leg muscles and concluded that their findings could have practical implications for the rehabilitation of SCI individuals.

Gabapentin for spasticity.

As the authors, Gruenthal *et al.* say (p. 686) they used the anticonvulsant drug, Gabapentin, serendipitously on SCI patients with spasticity. The report is a preliminary one and the interesting outcome was not meant to imply that this drug should be considered as a main therapy for spasticity in SCI patients. However, further work if confirmatory could be of some importance.

Pudendal nerve block for external urethral sphincter hypertonicity.

One of the older techniques to treat hypertonicity of the external urethral sphincter that of pudendal nerve block, is reported by Ko and Kim (p. 690). They used 0.2 ml of a 7% aqueous solution of phenol on seven patients with 'excellent' results in five, 'good' in one and 'fair' in one with a follow-up of 7 to 16 months.

Pulsed irrigation evacuation of the neuropathic bowel.

A major problem for many SCI individuals is that of defaecation and in an interesting paper by Puet *et al.* (p. 694) the safe and effective use of the technique of pulsed irrigation evacuation (PIE) is lucidly described and is recommended by the authors as a good procedure if there is faecal impaction and also for patients with a poor bowel routine.

Neurenteric cyst misdiagnosed as a psychogenic disorder.

The case report by Mochida *et al.* (p. 700) is, in a way, an object lesson but, knowing the outcome in this young patient, it is obvious to say that neck pain and limited neck movements in a 7 year old should make doctors suspicious of an organic cause for the symptoms.

Hodgkin's Disease epidural involvement.

The importance of the early clinical and MRI investigation for the diagnosis and the treatment of

spinal Hodgkin's Disease is set out in the case report by Toprak *et al.* (p. 704). Their patient responded well to appropriate, combined chemotherapy.

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Editor