Letter to the Editor

Pharmacological therapy of spinal cord injury during the acute phase

Pontillart *et al* are to be congratulated on carrying out a controlled trial of therapy in acute spinal injury showing that there is no objective benefit to be obtained by the use of steroids in the acute management in promoting recovery of spinal cord function.

There has been considerable pressure both medically and medico-legally to use this regime in the US and the UK and it demanded considerable courage for them to go against the stream and produce some objective data.

There is some evidence that steroids in themselves can be dangerous and produce complications which they have alluded to. In particular, they noted two patients with gastro-intestinal bleeding in the Methylprednisolone group, none in the no Methylprednisolone group.

I have been concerned about this particular risk and in two publications^{1,2} looked at a total of 439 patients with acute traumatic spinal injuries: 206 cervical, 182 dorsal and 51 lumbar cord lesions, and found that 27 of the 439 patients (6.15%) bled from the gastro-intestinal tract, 10 of these had received steroids prior to admission to the National Spinal Injuries Centre.

Nevertheless, this incidence of bleeding was considerably less than that documented by Epstein *et al*³ who found an incidence of 20.9% in a group of patients in the US, all of whom received steroids.

Kuhn (personal communication) reported an incidence of 50% ulceration of the upper gastrointestinal tract in acute spinal injuries and Tribe (personal communication) also reported a high incidence of ulceration of the gastrointestinal tract.

As patients with spinal injuries have a high incidence of stress ulceration, for this reason alone, I was unwilling to use steroids in the treatment of acute spinal injuries and wrote in my paper:¹ 'There is little evidence to support the use of steroids following acute spinal injuries, and this cause of ulcers could be avoided'. As I considered in 1986 that there was little evidence to support their use, I have never used steroids.

J Silver

*Emeritus Consultant
National Spinal Injuries Centre
Stoke Mandeville Hospital*

References

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- 2 El Masri W, Cochrane P, Silver JR. Gastrointestinal bleeding in patients with acute spine injuries. *Injury* 1982; **14**: 162–167.
- 3 Epstein N, Hood DC, Ransohoff J. Gastrointestinal bleeding in patients with spinal cord trauma. *J Neurosurg* 1981; **54**: 16.