

ABSTRACTS OF SELECTED PAPERS

Neurochirurgisches Wissenschaftlichen Landesinstitut zu Budapest (OITI) Spinale Tumoren im Säuglings- und Kindesalter (Spinal tumors in infancy and childhood), by Von M. Kordas, E. Paraicz und J. Szenasy.

In the period from 1954 to 1976, 80 children were operated on in the Neurosurgical Clinic, Budapest, for spinal tumours. There were 40.7 per cent extradural, 24.7 per cent intradural-extramedullary, 34.6 per cent intramedullary. Histologically there were six neurofibromas, 17 gliomas, 17 sarcomas, 12 dermoids, six osteoclastomas, six cysts, three haemangiomas, two teratomas, two lipomas, one chordoma and others. Statistically, spinal tumours in children are rarer than in adults. Symptoms were mainly inability to learn walking, changes in the form of the vertebral column, bone changes in the X-ray, air myelography, air or myodil myelography. Malignant intramedullary tumours were only subjected to decompression followed by chemotherapy. In all other cases, the removal of the tumour was as radical as possible and in recent years microsurgically. Early mortality was three, tumour mortality 12. An important after-care is the wearing of a corset in order to diminish deformity of the vertebral column.

A propos des para-osteo-arthropathies dans les paraplegies, notre experience chirurgicale (our surgical experience in the treatment of ectopic ossification in paraplegia), by M. Guillaumat, M. Maury, B. Debaud et P. Masse. *Revue de Chirurgie Orthopédique* (1976), **62**, 449-462.

The frequency, definition and localisation of ectopic ossification is discussed; the absence of intra-articular space was noticed in the hip of two patients and in others a progressive narrowing.

For practical reasons tattooed skin references allowed comparable X-rays and scanning examinations.

There are so many elements in favour of the traumatic aetiology of ectopic ossifications that one wonders if spontaneous ectopic ossification exists. The risk lasts as long as the paraplegia.

The authors underline the surgical indications, techniques and results, obtained with, or without, the criterion of maturation (scanning alkaline phosphatase) in about 35 cases (16 hips). In spite of these tests there was still 50 per cent recurrence.

Thanks to proper postoperative posture ankylosis is obtained in the desired functional position. So all patients benefited.

P. DOLLFUS

Les infiltrations para-sphincteriennes (Para-sphincteric infiltrations), by N. François, M. Maury et J. Cukier. *Journal d'Urologie et de Néphrologie* (1976), **10-11**, 813-820.

The technique and the first results of para-sphincteric anaesthetic infiltrations of the external sphincter of the urethra in paraplegics are described.

These interventions were performed in seven tetraplegics and 28 paraplegics.

The principal of this technique is described and the results based on residual urine, the initiation of micturation, the quality and frequency of the midstream jets, the amount of urine voided, reflex-incontinence and lastly, known autonomic hyperreflexia symptoms.

Failures are caused by pre-existing sclerosis, obstruction and noxious-reflexes causing external sphincter spasticity. In some cases alcohol instead of Xylocaine was used.

This technique is a new weapon in our armament against the troublesome spasticity of the external sphincter and in some cases can prevent surgery.

P. DOLLFUS

50e Réunion Annuelle de la Société Française de Chirurgie Orthopédique et Traumatologique (50th Annual Meeting of the French Orthopedic Society). *Revue de Chirurgie Orthopédique et Réparatrice de l'Appareil Moteur Supplément*, No. 11, Tome 62, 1976. Editeur: Masson, Paris.

After an opening conference by Professor Grossiord on 'the handicap and the handicapped', this annual meeting consisted of a round table on the surgery of cervical syndromes which included the clinical and surgical aspect of the problem.

Amongst the proffered papers an article on the upper limb of the myelomeningoceles recalls the fact that the spinal cord above the lesion is far from being intact and is often neglected. A thorough neurological examination can show signs of an upper neuron lesion as well as coordination defects. To quote the authors: 'If the hand is bad the transplanted psoas, even when spared, has all chances of being bad'.

Another article on diastomyelia in childhood emphasises the importance of clinical and radiological explorations as well as surgical indications aiming to free the spinal cord and its envelopes.

Three cases of cauda equina syndromes after operations for a herniated disc are given, the authors recommending an immediate reintervention as in the three cases a further herniated disc *in situ* was found.

Amongst the other proffered papers, one of interest for the paraplegist is on the treatment of the trauma to the five lower cervical vertebrae by anterior fusion and anterior screwed plates.

P. DOLLFUS

Angiomes médullaires—étude analytique de 100 cas (Spinal cord angiomas—a study of a hundred cases), by M. Djindjian. *Le Concours Médical*, 20.11.1976, 98-42.

A very interesting study on the spinal cord angioma where the author distinguishes between: (a) the intramedullary angioma depending on the anterior blood supply of the cord, progressing by attacks and present mostly in children and young adults; (b) the posterior medullary form, the evolution of which is more progressive in time and in correlation with arterio-sclerosis.

The author stresses the importance of an early diagnosis and treatment after discussing the clinical and radiological aspects. The results of treatment by exeresis and embolisation are presented.

P. DOLLFUS

The XIIIth Scientific Meeting of Paraplegia (French Society of Medical Rehabilitation and Physical Medicine), May 31, 1975. (*Annales de Médecine Physique* (1976) No. 2 Special Number.)

During the first part of the meeting, the problem of the spine of the paraplegic child was discussed. Several papers emphasised the frequency of vertebral deformity particularly in correlation with the level of the lesion. Other aspects dealt with were the surgical problems, spasticity and age at the time of lesion. The preventive care of the spine as well as the pelvic-hip balance must be kept in mind, taking into account the minimum of independent activities as well as weight-bearing.

Therapeutic methods, medical and surgical, were detailed as well as their difficulties, requiring detailed knowledge of paraplegia combined with vigilance and perseverance. The treatment, based mostly on the knowledge of scoliosis, is complex, taking into account the necessary functional independence in sitting position and being aware of skin problems, non-interference with breathing, kidney and bladder functions. Schooling problems must not be overlooked.

The most important factor is prevention by proper physiotherapy and orthopaedic care from the start until bone maturity.

Proffered papers were presented in the second part of the meeting, the first dealing with the influence of radiotherapy on the evolution of ectopic ossification in paraplegia and tetraplegia. This was followed by the interesting case of early hypercalcemia in a young paraplegic. Next the importance of emergency air-myelography in spinal cord injuries was presented, followed by a presentation describing problems arising from the clinical examination of the tetraplegic in the emergency room. Finally a case of myelopathy in Paget's disease which was confirmed by a spinal cord angiography.

M. MAURY

Methyldopa in treatment of neurogenic bladder disorders, by Shlomo Raz, Joseph J. Kaufman, George W. Ellison, Lawrence W. Mayers. *Urology*, **9**, 2, 188-190, February 1977.

The results of the treatment with methyldopa have been evaluated in 50 patients with neurogenic bladder. These results suggest that patients with upper motor neuron lesions and unbalanced bladder function with high residual urine could benefit from this medication. It is possible that the lowering in sympathetic activity is the factor responsible for better bladder emptying.

A. B. ROSSIER

ACADEMIC APPOINTMENT AT LYNDBURST HOSPITAL, TORONTO

Physician-in-chief for University of Toronto affiliated spinal cord rehabilitation hospital of 106 beds with large out-patient service. Teaching responsibilities for medical and allied health students. Previous research experience is required. Excellent opportunity for initiative and development of patient care.

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JOURNAL OF PATHOLOGY

A Journal of the Pathological Society
of Great Britain and Ireland

Edited by W. G. Spector

Published monthly. Four
parts complete a volume.

Volumes 130, 131, 132 1980

Annual subscription

£45.00 \$112.00

Single numbers

£4.00 \$10.00

ISSN 0022-3417