

## ABSTRACTS OF SELECTED PAPERS

(From the *Journal d'Urologie et de Nephrologie*, 1979, No. 7-8, pp. 513, 524)

**Notre expérience de l'électro-éjaculation chez le paraplégique. Première grossessees**, by N. Francois, M. Maury, P. Jouannet, S. Rubinstein, J. Cukier and G. David. *Electro-ejaculation in the spinal man.*

The authors report their experiences of electro-ejaculation in the paraplegic man and the two pregnancies thus obtained by artificial insemination. The technique is described using an electro-ejaculation stimulator which is introduced via the anus and directed towards the prostate and seminal vesicles. Out of 116 electro-stimulations, 63 resulted in ejaculation (54 per cent) and 13 of the 31 paraplegics stimulated in this way produced spermatozoa (41.9 per cent).

The text of the analysis of the article in English is good and reflects well the contents of the paper in French.

(From *Annales de Médecine Physioque*, T.XXIII, No. 1, 1980)

**L'éjaculation par le vibromassage chez le paraplégique a propos de 50 cas avec 7 grossessees**, by N. Francois, J. M. Lichtenberger, P. Jouannet, J. F. Desert and M. Maury. *Ejaculation using the technique of vibro-massage by the paraplegic.*

This paper is also very interesting. An analysis of the use of this technique in 50 male paraplegics is given. The method seems very interesting not only as the results concerning sexual relations are concerned, but also the improvement of the production of ejaculation also in quality (36 out of 50 subjects). The result is also interesting as seven pregnancies were obtained in 29 couples wanting a child.

**Cervical spinal subdural hematoma**, by E. S. Paredes, P. R. Kishore and J. D. Ward. *Surgical Neurology* (1981), 15, 477-479.

The authors present the case of a post-traumatic subdural haematoma, and review the literature of this rare condition. This type of haematoma is usually located in the mid to lower thoracic and lumbar regions. The location in the cervical spine is exceptional and has only been reported once before this present case. The authors discuss the pathophysiology of this complication and describe the myelographic findings which are relevant to this feature and which should allow an early diagnosis to be followed by prompt surgical evacuation.

ALAIN B. ROSSIER

**Preoperative neurological status in predicting surgical outcome of spinal epidural hematomas**, by Dominic Foo, M.D. & Alain B. Rossier, M.D. *Surgical Neurology* (1981), 15, 389-401.

The postoperative progress of three patients with spinal epidural haemorrhage (but without spinal fracture or dislocation), is presented.

From the literature 158 cases of spontaneous spinal epidural haematoma treated surgically were collected. Postoperative return of motor function was noted in 95.3 per cent, 87 per cent, and 45.3 per cent of the patients with incomplete sensorimotor, incomplete sensory but complete motor and complete sensorimotor lesions respectively.

Complete sensorimotor recovery occurred in 41.9 per cent, 26.1 per cent, and 11.3 per cent of these three groups of patients respectively.

Recovery following surgical treatment depends on the severity of the neurological deficits prior to treatment. However, the absence of motor or sensorimotor functions pre-operatively does not necessarily indicate a poor prognosis.

ALAIN B. ROSSIER

**Effect of trauma dose on spinal cord edema**, by F. C. Wagner and W. B. Stewart.  
*Journal of Neurosurgery* (1981), 54, 802-806.

Adult cats were subjected to impact trauma of various intensities to determine how changes in trauma magnitude affect the formation and distribution of oedema within the spinal cord in the first 8 hours after injury. The cord segments corresponding to the T5-T7 vertebrae were exposed by laminectomy and an impact injury was inflicted at T6 by dropping a weight down a vented tube on an impounder resting on the exposed dura. Fourteen cats were injected with fluorescein-labelled albumin 10 minutes before subjecting the spinal cord to 260, 360, 500 or 700 gm-cm injury. Cats were sacrificed 8 hours after trauma. Twelve cats were injected with fluorescein-labelled dextrans of 20,000, 40,000, 70,000 or 150,000 molecular weight 10 minutes before receiving a 500 gm-cm cord impact. They were sacrificed 8 hours after trauma. Serial cord sections from both groups were carried out to study the pattern of fluorescent spread, which was evaluated by fluorescence microscopy. Nine cats were subjected to an impact injury of 260, 360, or 500 mg-cm at T6 and 8 hours after trauma, and 1-cm cord sections were assayed for dry weight.

Five hundred and 700 mg-cm trauma doses, sufficient to produce permanent paraplegia, resulted not only in tissue damage in the area of impact but an extension of tracers, and increases in tissue water rostrally and caudally from the site of impact. In contrast, the lowest trauma dose of 260 mg-cm which produced transient paraplegia only, was not followed by increased water or extravascular fluorescence outwith the region of trauma. The longitudinal distribution of increased tissue water was found to be consistent with the distribution of fluorescent markers. The findings of this study demonstrate that the longitudinal spread of post-traumatic oedema is directly related to the amount of the initial trauma.

ALAIN B. ROSSIER

**Spinal subdural hematoma in association with anticoagulant therapy**, by N. Russell, F. B. Maroun and J. C. Jacob. *The Canadian Journal of Neurological Sciences* (1981), 8, 87-89.

This is a case report of spinal subdural haematoma occurring during anticoagulant therapy. Seven other cases are gathered from the literature, with discussion of the clinical picture, the value of myelography and the results of therapy. It is emphasised that early recognition of this complication occurring as a result of anticoagulant therapy, and with immediate evacuation of the haematoma, has a good prognosis, provided decompression takes place before ischaemic necrosis of the spinal cord occurs.

ALAIN B. ROSSIER

**Traumatic paraplegia and quiescent rupture of the aorta** (Case report), by E. Böhm and U. Bötzel. *Unfallheilkunde* (1981), 84, 76-79 (in German).

Case report of a male patient who sustained a complete T5 paraplegia following a fracture-dislocation of T5-T6 at the age of 24. The patient died at the age of 44 due to extensive pressure sores complicated by sepsis. Autopsy revealed a quiescent incomplete rupture of the aorta at the level of the previous spine fracture with formation of a hollow space filled with blood, which had eroded the vertebral bodies in the vicinity of the disc space T5-T6. The authors discuss the possible pathogenesis of this finding, which was unrelated to the patient's death.

ALAIN B. ROSSIER