

ABSTRACTS OF SELECTED PAPERS

Anterior Decompression of the Spine for Metastatic Epidural Cord Compression, a Promising Avenue of Therapy? by T. Siegal, T. Siegal, G. Robin, J. Korn & Z. Fuks. *Annals of Neurology*, (1982), 11: 28-34.

Nine patients with metastatic epidural tumours with degrees of paralysis were treated surgically after radiotherapy failed to be effective, when irradiation could not be administered, or when further neurological deterioration occurred during therapy. This pilot study reports on 11 conservative anterior decompressions of the spine in nine patients. In seven cases this surgical approach was performed after other treatment modalities had failed. Before the operation eight patients were wheelchair bound, four of them being paraplegics. After the operation eight patients became ambulant. The main bulk of the tumour was found usually anterior or antero-lateral to the cord. Spinal stabilisation was performed only when necessary.

Anterior decompression appears to be a favourable approach in these patients. The neurological recovery in this small group of patients is encouraging and it is possible that a more aggressive approach towards early removal of compression tumours may be beneficial. It is obvious that 'decompressive' laminectomies are not recommended in extradural tumour compression.

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Acute Transverse Myelitis Incidence and Aetiological Considerations by M. Berman, S. Feldman, M. Alter, N. Zilber & E. Kahana. *Neurology*, (1981), 31: 966-971.

Little is known about the aetiology of ATM. Israel offered unusual opportunities for an epidemiological study and records were reviewed from all hospitals in Israel for the years 1950-1975. Additional diagnostic categories in this study included myelitis, acute myelomalacia, acute necrotising myelopathy, paraplegia of unknown origin, spinal lesions of vascular origin, spinal artery thrombosis and haematomyelia. Criteria of diagnosis of ATM were:

1. Acutely developing paraparesis affecting motor and sensory systems as well as the spincters;
2. Spinal segmental level of sensory disturbances;
3. Stable, nonprogressive clinical course;
4. No evidence of spinal cord compression;
5. Absence of other known neurological diseases.

The results of this study of 62 patients show that:

1. No significant difference in incidence was found for the larger ethnic groups in contrast to MS which is more common among European-born groups;
2. No patient had any previous trauma but unusually hard physical work was noted prior to onset in several patients;
3. There is no significant seasonal or annual fluctuation in frequency;
4. In 37 per cent of the patients a history of infection prior to ATM was reported, more commonly among younger patients;
5. The annual incidence rate was 1.34 per million population;
6. More than 1/3 of the patients made a good recovery and in another third recovery was fair;
7. In older patients a vascular aetiology may be the cause for the paralysis.

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