

ABSTRACT OF SELECTED PAPER

Dislocations at the Cervico Thoracic Junction. D. K. EVANS. *Journal of Bone and Joint Surgery*, (1983), **65(B)**: 124-127.

Dislocations or instability at the cervico-thoracic junction are easily missed in the unconscious patient, in those who have sustained a ligamentous injury with subluxation and spontaneous reduction and when the radiographic technique is below acceptable standards.

The author, consultant orthopaedic surgeon to the Spinal Injury Unit at Sheffield describes 14 patients who had a dislocation or fracture dislocation at the C7-T1 level and makes a number of pertinent observations. He poses the difficult question about the effect of reduction of the displacement on nerve root function at the level of injury. Mr Evans rightly concludes that the dilemma has not been completely resolved but that on theoretical grounds it would seem beneficial to reduce any displacement if this can be done quickly and safely and within a few hours of the injury.

In the author's considerable experience, closed reduction by skull traction or manipulation is unlikely to secure reduction of pure dislocations at the level and the attendant risks of open reduction are recognised. Faced with these difficulties it is suggested that no attempt should be made to reduce dislocations (without associated fractures), at the C7-T1 level if the patient has a complete cord lesion persisting for 24 hours. If the cord lesion is incomplete, open reduction should only be attempted by an experienced surgeon who can reduce the displacement gently and quickly.

COMMENT (T.McS.). The paper gives excellent advice on the management of injuries at this 'problem' level. It would be interesting to have the authors views on complete cord lesions seen within a few hours of injury.

T. MCSWEENEY

Dietary Management of Urinary Risk Factors in Renal Stone Formers.

P. N. Rao, V. Prendiville, A. Buston, D. G. Moss & N. J. Blacklock. *British Journal of Urology*, (1982), **54**: 578-583.

This useful paper shows the value of a high fibre diet, low in calcium with a forced diuresis in the prevention of urinary stones. Three hundred and ninety (390) patients were studied who had renal stones. Those with metabolic stone disease were excluded from this study. Over 40 per cent of those patients with renal stones had high urinary calcium, oxalate or urate. Dietary advice was given and a high fibre diet with a reduction in the refined carbohydrate content and to a lesser extent reduction in the protein was given. This advice followed the advice of Cleave (The Saccharine Disease monograph). Following use of this dietary regimen with a high fluid intake the amount of stone forming substances in the urine was reduced. This regimen will benefit paraplegics as the diet also produces soft bulky stools lessening the problems of constipation and obesity.

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