
Abstracts

Surgical intervention in injuries of the spinal cord

Based on 633 cases

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Six hundred and thirty-three patients with injuries of the spinal cord were dealt with at the Centro Nacional de Rehabilitación de Paraplégicos in Toledo between the years 1974 and 1978, representing 79.5 per cent of all the patients admitted.

There is still disagreement about the right method to treat acute traumatic spinal cord injured patients. Statistics show excellent results following conservative treatment but in spite of this a high number of patients were operated upon immediately, in particular, by decompressive laminectomy (Table I).

Table 1

Year	Patients	Spinal traumatic lesion	Treated by spinal operation
1974	85	65	11
1975	133	99	18
1976	154	103	31
1977	134	103	29
1978	127	101	16

A number of post-operative complications were recorded, especially those affecting the respiratory tract (Albert, 1970).

The results were evaluated in the light of neurological improvement but in non of the operated cases was any true improvement achieved.

In several instances the transfer records suggested a favourable neurological evolution after the operation, but it was found that these cases were those who had low spinal cord injuries and it is probable they would have progressed favourably without any surgical intervention. (Guttmann, 1973).

1. In spite of numerous publications to the contrary (Garcia Alsina, 1977; Guttmann, 1973; Guttmann 1977-78; Soria, 1978; Sussman, 1978-79), this study demonstrates that early spinal cord surgical intervention of spinal cord injured patients continues to take place.
2. A plea is put forward that only indications for surgery are those stated by Guttmann:
 - 1) Ascension of the injury level in complete lesions;
 - 2) Progressive paralysis in incomplete lesions; and
 - 3) Appearance of paraplegia after an asymptomatic period.

References

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Role of Partial Denervation of the Puborectalis in Idiopathic Faecal Incontinence

D. C. Bartolo, J. A. Jarratt, M. G. Read, T. C. Donnelly and N. W. Read
B. J. S., (1983), 664-667.

In incontinent patients there was significant damage to the puborectalis and external anal sphincter, compared with controls. Possible causes are obstetric trauma and chronic straining at stool.

Nutritional Care of the Trauma Patient

W. C. Abbot, M. M. Echenigque, B. P. Bistran, S. Williams and G. L. Blackburn
S. G. Obstret, (1984) 157, 584-597.

For comparison this Boston team gives a comprehensive and scholarly review of the subject, the academic research being reviewed together with practical summaries on technical aspects. The late mortality of trauma is due to sepsis and multiple organ failure, factors which are seen in many active Paraplegia Units, whose policy it is to receive spinal injured patients immediately after the injury. This is a good review.

R. M. Jameson

Paraplegia and Prostatic Cancer

R. M. Jameson
Eur. Urol., (1983) 9: 267-269.

The author points out the great difference in the prognosis when paraplegia is secondary to prostatic cancer, compared with that due to other malignant conditions. In his series of 24 patients with carcinoma of the prostate with secondary paraplegia, 20 lived for over 5 years and 18 were rehabilitated, 12 being gainfully employed. Decompression of the cord was only carried out if the symptoms were of rapid onset.

The author advises T.U.R., and orchidectomy (rather than hormone treatment in view of possible cardio-vascular complications).

A valuable contribution to the subject.

J. Cosbie Ross

Treatment of vesico-ureteric reflux by endoscopic injection of Teflon

Barry O'Donnell and P. Pun

British Medical Journal (1984) **289**, 7-9

Based on their previous experimental study of the effect of retro-ureteric injection of Teflon in piglets with vesico-ureteric reflux, the authors applied this procedure to 13 girls with grade III-V reflux. Teflon was injected below and behind the ureteric orifice, through a specially designed polyethylene catheter, the procedure proving simple and rapid.

In 14 patients the reflux was eliminated; in three a second injection was needed to achieve success and in the remaining case a grade IV reflux was improved. Subsequent investigation showed that the reflux had disappeared in 17 patients and there were no complications: the authors point out that this endoscopic 'day case' procedure appears to prove effective to eliminate the need for open operation.

J. Cosbie Ross

The composition of catheter encrustations, including the effect of Allopurinol treatment

H. Hedelin, A. Eddelard, L. Larsson, S. Pettersson and S. Ohman, Göteborg

British Journal of Urology, (1984) **56**, 250-254.

The authors point out that, in spite of more inert catheter materials, precipitation and the formation of bladder calculi still present problems. The material deposited on catheters consists of inorganic salts and organic inflammatory debris, the latter consisting of dead bacteria, fibrin and inflammatory cells. Using a newly developed wet chemical method their findings confirmed that the main constituents were phosphate and calcium. However, they demonstrated that, in a group of 16 patients treated with Allopurinol, there was a significant reduction in catheter problems, especially with regard to the frequency of catheter changes. As there was not an actual diminution in the amount of encrustation, they concluded that the beneficial effect of Allopurinol was due to a reduction of urate and calcium phosphate.

J. Cosbie Ross

Management of Obstructed Balloon Catheters

Gavin Browning, Lester Barr and Andrew Horsburgh

British Medical Journal, (1984) **289**

The authors discuss the various methods used when the balloon catheter fails to deflate prior to its removal. They rightly point out that all methods carry potential

dangers except the simple expedient of puncturing the balloon by means of a wire stylet (as used in a ureteric catheter), passed down the balloon inflation channel. This procedure has been known for many years and was, in fact, used at the Liverpool Regional Spinal Centre in the fifties.

The authors give a detailed description of the technique.

J. Cosbie Ross

Clean Intermittent Self-Catheteration in the Management of Adult Lower Urinary Tract Dysfunction

K. Murray, P. Lewis, J. Blannin and A. Shepherd

British Journal of Urology, (1984) **56**, 379–380.

It is pointed out that this method has now been in use for over 10 years, the results proving excellent. The series reported consisted of 60 patients, the great majority of whom were female, and the results evaluated over a period of 5 years. The technique adopted was that advocated by Lapidès, using a clear plastic catheter. The authors did not give routine low dose antibiotic prophylactic treatment and found that little trouble was caused by asymptomatic bacteriuria. They conclude that this method is particularly valuable in the female.

J. Cosbie Ross

Use of Jonas Silicon-Silver Prosthesis in Erectile Impotence

P. H. Rowe and M. G. Royle

Journal of the Royal Society of Medicine, (1983) **76**, 1019.

A series of 11 patients, treated by the insertion of the Jonas Silicon-Silver penile prosthesis over a period of 3 years, are reviewed.

The prosthesis was inserted into the corpora after dilatation with Heyar's dilators. No late complications occurred but in three patients temporary supra-public catheter was necessary. Care must be taken that the prosthesis is accurately measured, as undue pressure may cause extrusion of the device. Some embarrassment was experienced by the permanent semi-erection but this was minimal, and successful results were achieved in all cases. Apparently, the implant does not abolish the erectile mechanism when present.

J. Cosbie Ross

Maxindol in the Control of Micturition

C. R. J. Woodhouse and R. C. Tiptoft

British Journal of Urology, (1983) **55**, 636–638.

The appetite suppressant drug MAZINDOL was found by the authors to have a beneficial effect also on patients with urinary incontinence in a group of 25 cases. There are, however, a number of contra-indications, especially hypertension, and side-effects proved a problem. Little is known of the pharmacological effect of the drug but it is said to increase dopamine synthesis.

Although in two-thirds of the patients there was good control of voiding in incontinence due to sphincter detrusor causes, no response was found in patients with multiple sclerosis or cauda equina lesions.

J. Cosbie Ross