

Letter to the Editor

Dear Sir,

I read with interest the article by Dickson et al (1985) stating that saddle embolism, an embolus lodged at the bifurcation of the distal aorta can cause paraplegia and also stating that this was the first time that it had been recorded following a saddle embolism. I, in fact, reviewed the subject in conjunction with Peter Buxton (Silver and Buxton, 1974) and studied 11 patients who developed paraplegia as a result of a fall of blood pressure. We presented 11 patients who developed immediate flaccid paralysis of the cord in the distribution of the anterior spinal artery where the artery of Adamkiewicz gives the major contribution. This was secondary to a drop in the perfusion pressure. One of the patients, a 47-year-old man, had a coronary thrombosis in 1968. He carried on working but a month later he developed palpitations and severe back pain. He was admitted to hospital with flaccid paralysis and was found to have absent pulsation in the lower limbs. A diagnosis of saddle embolism of the aorta was made and embolectomy was carried out. Although the pulses returned to his legs, unfortunately the paraplegia did not recover.

It is extremely interesting that while cerebral stroke is common, spinal stroke is exceedingly rare.

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References

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SILVER JR, BUXTON PH 1974 Spinal Stroke. *Brain* 97 Part III: 539–550.