
Letters to the Editor

Dear Sir,

The paper by Dr Sofjan Lamid, Long-term Follow-up of Spinal Cord Injury Patients with Vesicoureteral Reflux, was of considerable interest to me. The author did not state the total number of patients admitted to his spinal cord injury service during the 2 years surveyed, so I could not directly compare the incidence of VU reflux with what we see in our patients here. We see this complication rather rarely, and only in patients who are non-compliant with our recommendations for bladder care. The fact that his patients got worse when he inserted Foleys leads me to the conclusion that he did not recommend the use of any antispasmodic medication? We feel that this is essential to abolish the hyperactivity of the detrusor and high intravesical pressures which are the basic causes of VU reflux. The insertion of a Foley catheter understandably leads to an increase in both these factors acting, as it does, as a foreign body with the balloon continuously stimulating the sensitive trigonal area. A breakdown of the incidence of infections in the cases with reflux would also be of interest. I feel that if his patients were to use antispasmodics (we use oxybutynin chloride, 5 mg po q6h on an empty stomach) together with good aseptic catheter care and a low-dose antibacterial medication, such as nitrofurantoin 50 mg po q12h, his incidence of reflux would be much lower.

Rosemary Lindan, MD
*Assistant Director SCI Center
Cleveland, Ohio
USA*

Reply from Dr Sofjan Lamid

The incidence of vesicoureteral (VU) reflux in our spinal cord injury (SCI) patients was 3.6%.

I agree with Dr Rosemary Lindan that a permanent indwelling Foley catheter may increase detrusor activity. Since high bladder pressure is one of the factors for VU reflux formation in SCI patients, probably by treating these patients with an anticholinergic agent together with antibiotic prophylaxis we should be able to prevent further deterioration of the affecting kidneys.

Dr Sofjan Lamid, MD
*New Orleans, Louisiana,
USA*

Dear Sir,

Concerning the paper by Noll *et al.*, Intermittent catheterisation versus per-