Paraplegia

Editorial

It is a real pleasure again to welcome this the 1990 American issue of 'Paraplegia', with papers ingathered and edited by Dr David Apple, Jr. MD, Associate Editor of 'Paraplegia', and I am very grateful indeed to Dr Apple. Owing to the large number of papers, some will be published in the next issue of 'Paraplegia'.

Dr Carol Harvey *et al.* have carried out a most interesting study of the prevalence of SCI in the USA estimating that the rate is 72 patients per million of the population with some 177 000 SCI persons resident in the USA.

A well thought out study by DeVivo and his colleagues clearly shows the several important benefits that accrue from the early admission, within one day of the accident of SCI patients admitted to an organised multidisciplinary spinal cord injury care system.

Clean intermittent catheterisation works better for men than women – a significant number of whom have persistent incontinence, refractory to anti-cholinergic drugs. This is an important study by Timoney and Shaw.

A concise report is given by Mann *et al.* on anterior decompression, bone grafting and anterior plating of 16 patients with unstable cervical spine injuries. Good fusion was obtained and there were no neurological complications. Three patients had vertebral column complications which necessitated additional surgery.

The scientific and also the practical value of plasmid analysis in identifying precisely bacterial strains causing urinary infections in spinal cord injury patients is stressed in an important paper by Donovan *et al.*

The syndrome of lumbosacral plexopathy following neural ischaemia is rare but the pathology, anatomy and physiology and the clinical findings are clearly set out by Cifu and Irani.

Spinal cord injury patients with orthostatic hypotension were studied by Gonzalez *et al.*, who found that autoregulation of cerebral blood flow rather than systemic blood pressure plays a dominant role in the adaptation of such patients to orthostatic hypotension.

In a detailed, statistically analysed study of 1419 patients with acute SCI, the incidence of DVT and PE was observed and various predictors of these serious complications were subsequently noted. The prevention of such serious thromboembolic complications remains paramount.

The paper by Loubser and Donovan further demonstrates the complexity of severe chronic SCI pain; aetiology and therapy. An ingenious technique of diagnostic spinal anaesthesia was used, utilising a placebo in a controlled study.

Intrathecal baclofen for spasticity is of current interest and an important scientific paper on this topic, concerning the long term effects of this drug and technique is provided by Loubser *et al.*

A rectal electrical stimulator probe technique resulted in the temporary relief of spasticity in SCI patients, as is discussed by Halstead and Serges.

Compression neuropathies at the wrist are known to be prevalent in paraplegic

patients, but the incidence, type, degree and probable significance have now been carefully studied by Davidoff *et al.* who report on 31 patients.

The frequency, aetiology and possible prevention and the treatment and outcome of shoulder pain in patients with acute traumatic quadriplegia have been studied by Waring and Maynard.

Weingarden and Graham provide a paper on a very disturbing cause of SCI in certain teenagers, seen in their hospital, namely gun-shot wounds.

Phillip Harris
Editor