Dear Sir

I wish to bring to your kind notice an apparent discrepancy noted by me regarding recovery from paraplegia following an aortic saddle embolus complicating an acute myocardial infarction. In their article on spinal stroke, Silver and Buxton describe 11 cases of spinal stroke, of which only one was consequent to an aortic saddle embolism.¹ This patient underwent embolectomy for a saddle embolus, but recovered neurological function to the extent that the patient walked out of the hospital and went back to work. No mention is made of the time duration between onset of paraplegia and embolectomy, although, going by the chronology of events described, a rough estimate would put it within 12 hours of the spinal stroke.

It is interesting to note Dr J R Silver's response² to a report of paraplegia following saddle embolus³ (claiming to be the first ever documented paraplegia following saddle embolus). In his letter to the editor² he refers back to his own earlier series¹ and emphasises that this patient's paraplegia had not recovered despite embolectomy. It would seem that the information received by the author for his review article¹ was erroneous to begin with, which would explain his later rectification of the same in his letter to the editor.² It is highly unlikely that there would have been an unintentional contradiction of facts.

However, we have documented complete recovery from paraplegia in a patient who underwent embolectomy for saddle embolism within 7 hours of the vascular event.

G Chandrashekar
Department of Cardiothoracic and Vascular Surgery
MS Ramaiah Institute of Cardiology
Bangalore 560054, India

References

- 1 Silver JR, Buxton PH (1974) Spinal stroke. *Brain* **97**(3): 539–550.
- 2 Silver JR (1986) Letter to the Editor. *Paraplegia* **24**: 336.
- 3 Dickson AP, Lum SK, Whyte AS (1985) Paraplegia following saddle embolism. *Paraplegia* **23**: 258–259.