DIAGNOSIS OF FEASIBILITY OF EFFERENT ROOTS IN A PATIENT CANDIDATE TO S.A.R.S. IMPLANT DUE TO SPINAL INJURY OF ONCOLOGICAL TREATMENT ORIGIN

Castaño-Botero, J.C; Ospina-Galeano, I.A.; Lopera-Toro, A.

1. Hospital Pablo Tobón Uribe, Universidad CES, Medellín-Colombia, 2. Hospital Universitario 12 de Octubre, Madrid - Spain.

OBJECTIVE

The presentation of a clinical case in which, aided by neuromodulation, we have been able to adequately select a patient for later S.A.R.S. successful implantation.

RESULTS

- Male 48 years old
- Diagnosed and treated by high medullary ependymoma
- Since 2007 paraplegia for treatment for ependymoma
- Neurogenic detrusor overactivity
- ASIA Impairment Scale: ASIA A Level: T7
- Treated CIC
- Repetitive Urinary infections ➔ hospitalization
- Severe Erectile dysfunction

Urodynamic Test (UT)

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
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<tbody>
<tr>
<td>Vol perf</td>
<td>619ml</td>
</tr>
<tr>
<td>Qmáx</td>
<td>0 ml/seg</td>
</tr>
<tr>
<td>pdetQmax</td>
<td>3.2 cmH20</td>
</tr>
<tr>
<td>Bladder capacity</td>
<td>619ml</td>
</tr>
<tr>
<td>Post void residual</td>
<td>619ml</td>
</tr>
</tbody>
</table>

- Acontractile detrusor
- Even with provocative manoeuvres

Neurostimulation + UT

- A Detrusor contraction with Pdet > 35cmH20
- Appropriate bladder emptying
- Appropriate bowel and erectile function
- Feeling improvement in quality of life

CONCLUSION

The simultaneous implementation of sacral transforaminal electrical neurostimulation with urodynamics allows the execution of an assessment of the integrity of the efferent autonomic nerves that guarantees a reliable S.A.R.S. implant, in a context where further conventional test have demonstrated not to be effective.