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Title (type in CAPITAL LETTERS, leave one blank line before the text)	
ASSOCIATION OF RADIOGRAPHICALLY DETERMINED LEVEL OF INJURY AND BLADDER BEHAVIOR IN POST TRAUMATIC SPINAL CORD INJURY PATIENTS.	
<p><u>Aims of Study</u> The expected urodynamic findings of suprasacral and sacral spinal cord injury patients have previously been reported. However, the associations between radiographically determined level or multiple levels of injury and urodynamic findings are ill defined. This study investigates these relationships and specifically the bladder behavior of post traumatic spinal cord injury patients with combined suprasacral and sacral injuries.</p> <p><u>Methods:</u> A retrospective review of the patient records, spinal radiographic studies, and video-urodynamic studies of 316 patients with post traumatic spinal cord injury was performed. Patients were categorized by radiographically determined level or levels of injury and voiding dysfunction based on urodynamics.</p> <p><u>Results:</u> Of the 269 patients with suprasacral injuries, 259 (96.3%) demonstrated hyperreflexia and/or detrusor sphincter dyssynergia and 135 (50.2%) had poor bladder compliance. Of the 14 patients with sacral injuries, 12 (85.7%) manifested areflexia and 11 (78.6%) had poor compliance. Of the 33 patients with combined suprasacral and sacral injuries, urodynamics showed 23 with hyperreflexia and/or detrusor sphincter dyssynergia (69.7%), 9 with areflexia (27.3%), and 19 (57.6%) with poor compliance.</p> <p><u>Conclusions.</u> This series reveals a significant association between level of injury and expected voiding dysfunction ($C = 0.59, p < 0.001$). Also one-tailed statistical comparisons of the combined suprasacral and sacral injury group to the suprasacral injury group ($p = 0.001$) and the sacral injury group ($p = 0.031$) reflect the unpredictability of bladder behavior in patients with combined suprasacral and sacral injuries. Management of the urinary tract in such patients must be based upon urodynamic findings rather than inferences from neurologic evaluation.</p>	

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