

SHISTOSOMAL MYELOPATHY: URODYNAMIC FINDINGS IN 47 PATIENTS DURING THE SUBACUTE PRESENTATION OF THIS DISEASE

Aims of Study

To describe the anatomic evolution of this pathology and the types of urinary dysfunction during the first 30 days since the beginning of clinical symptoms (subacute presentation of the disease).

Methods

The northeast Brazil and more specifically the State of Pernambuco is an endemic place for *Schistosoma mansoni*. The World Health Organization estimates a total of 3 millions Brazilians inhabitants with this disease (1). The frequency of medular involvement (0.3 to 30% of total cases of the disease) (2,3) prompt us to do this prospective study in 47 consecutive patients during the first month of clinical manifestations of the disease, between September 1998 and February 2003. Diagnosis was made by the clinical symptoms, liquor analysis, MRI, rectal biopsies and serum immunological tests. All patients were submitted to cystoscopy and to multichannel urodynamic tests in the first 30 days of the disease, before the introduction of any specific treatment.

Results

The locations of neurological involvement were: 4 cervical, 9 thoracic T7 and above, 30 thoracic T8 to T12, 3 at the cauda equina and 1 at the conus medullaris. The correspondent urodynamic findings are exposed in Table 1.

Table 1- Anatomic levels of neurological involvement and Urodynamic findings

<u>Anatomic levels</u>	number	<u>Urodynamic findings</u>				
		normal	Detrusor hyperreflexia <u>without</u> sphincter dissynergia	Bladder hyperreflexia <u>with</u> sphincter dissynergia	Detrusor areflexia	Mixed
Cervical	4	0	1	1	0	2
Thoracic T7 and above	9	0	2	3	1	3
Thoracic T8 to T12	30	4	5	6	4	11
cauda equina	3	1	1	0	0	1
conus medullaris	1	0	1	0	0	0
Total	47	5	10	10	5	17

No specific bladder-sphincter behavior were found in any level of neurological location of the disease.

Conclusions

There is an unpredictable bladder and sphincter disfunction in the subacute presentation of the schistosomal myelopathy, not specifically related to the anatomic level. This fact suggests that never less the importance of the level of neurological location, the grade of local inflammatory reaction seems to be the determinant factor for the type of urological involvement. This large series first report of the urodynamic behavior in the first 30 days since the clinical presentation of this disease and therefore without any therapeutic procedure, will add data to a better understanding of the treatment outcome and its urinary sequels.

References

- 1) OMS- Rapport de la consultation informelle de l'OMS sur la lutte contre la schistosomiase. Geneve: 2-4 décembre 1998
- 2) Arq Bras Neurocirurg 4:133-130, 1985.
- 3) Arq Neuropsiquiatr 54:232-237, 1996