Spinal Infarction Follow-up Study

It was both helpful and interesting to read the short communication by Pelser and van Gijn1 on the follow-up of a series of patients with spinal cord infarction. Previous series neglect follow-up and long-term outcome.

In previous series and in our experience, pain at the onset of symptoms is a common feature1 and tends to be severe and sharp in nature. It tends to be localized to the back but does radiate down limbs. We are now told of a more chronic type of pain that contributes to disability in the long term.

With the introduction of magnetic resonance imaging, it has been shown that with spinal cord infarction, because of the anatomy of the blood supply, there may be associated ischemic changes in bone marrow.2 This has mainly been put forward as a diagnostic aid in the condition, and its role in terms of symptoms has not been fully considered. It is also possible that other surrounding structures and tissues may be damaged in the process. The vertebral body changes are significant radiologically, but unfortunately only one follow-up case is reported in which the abnormality had decreased in size at 1 year.

While accepting that the pain may have a central neurogenic basis, as is the case in other spinal cord diseases, it is also possible that ischemia in surrounding tissues, including vertebral bodies, may contribute to the excessive frequency and intensity of pain seen in spinal cord infarction in both the acute and chronic stages.

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References
Spinal infarction follow-up study.
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Stroke. 1993;24:2143
doi: 10.1161/01.STR.24.12.2143

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/24/12/2143.citation