

ABSTRACT FORM

ICNU
Bangalore
April 6-8, 2007

Conference Registration No. (for office use only)

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Abstract Submission

1. Abstract will be accepted only after the receipt of registration fee.
2. Each registered delegate may submit only one abstract as presenting author.
3. Abstract (MS word file) to be submitted **by E-mail** to the conference secretariat (icnu2007@nimhans.kar.nic.in).
4. **The last date for submission of abstract is 28th February, 2007.**
5. All accepted abstracts would be for presentation as posters except the few that will be selected for platform presentation.
6. Conference secretariat will communicate acceptance of the abstract to the presenting author.

Sample Abstract

Title (in title case) Spinal Cord Disorders:
 A Clinico-Electrophysiological
 Correlation with Special Reference to Complete and
 Incomplete Transection

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(Body of abstract should not exceed 250 words)

Background: Electrophysiological test(s) may provide valuable clues to the functional integrity of spinal tracts and prognosis of patients with myelopathy. Results of few available studies are variable.

Objective: To ascertain completeness of lesion in patients with paraplegia using comprehensive electrophysiological tests.

Patients and Methods: This prospective study involved 20 patients (Men:Women::14:6, mean age - 33.2 ± 11.3 years) with myelopathies of diverse etiology (noncompressive -11, compressive-9), duration, and severity. All the patients underwent clinical evaluation, severity grading using American Spinal cord injury Impairment scale (ASIA), Magnetic Resonance Imaging (MRI), Transcranial Magnetic Stimulation (TMS), Somatosensory Evoked Potential (SSEP) studies, Sympathetic Skin Response (SSR), and follow up. Electrophysiological data were compared with age, gender, and height matched controls.

Results: The severity grades on ASIA scale were: A (complete)- 9, B- 3, C- 5 and D- 3. In lower limb, TMS revealed: absent motor evoked potential (MEP)-13, low amplitude MEP with normal (3), or prolonged (3) central motor conduction time (CMCT). P37 was recordable in 4 patients (3 normal, 1 with prolonged latency). SSR could be obtained from foot in only one patient. It is noteworthy that electrophysiological tests provided evidence of continuity of spinal tracts in 5 patients despite complete functional impairment in the respective tracts: TMS-3, SSEP-2, SSR-1.

Conclusion: Despite small sample size and heterogeneity of group, electrophysiological tests in our study could reveal “residual” function in seemingly complete lesion. These tests should be integral to all spinal cord research studies addressed to prognostication.

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