

Cauda Equina Syndrome Revisited

Causes, Symptoms & Diagnosis Q&A

Webinar for GPs, 7 August 2024 8am – 8.30am



spinalsurgeonsydney.com.au

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- Spinal surgeon with over 20 years' experience
- Head of Department of Orthopaedics and Supervisor of Training for Orthopaedic Trainees, Prince of Wales Hospital
- Conjoint Senior Lecturer at the University of New South Wales
- Honorary Senior Scientist at Neuroscience Research Australia (NeuRA) and a member of Spinal PFET.

Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.

If you have any questions about a patient, please feel free to call me on <u>02 9650 4893</u>. I will return your call and discuss how we can help.



Cauda equina syndrome (CES)

- Rare but devastating
- What are the early warning signs?
- What should be done?
- All is not what it seems!

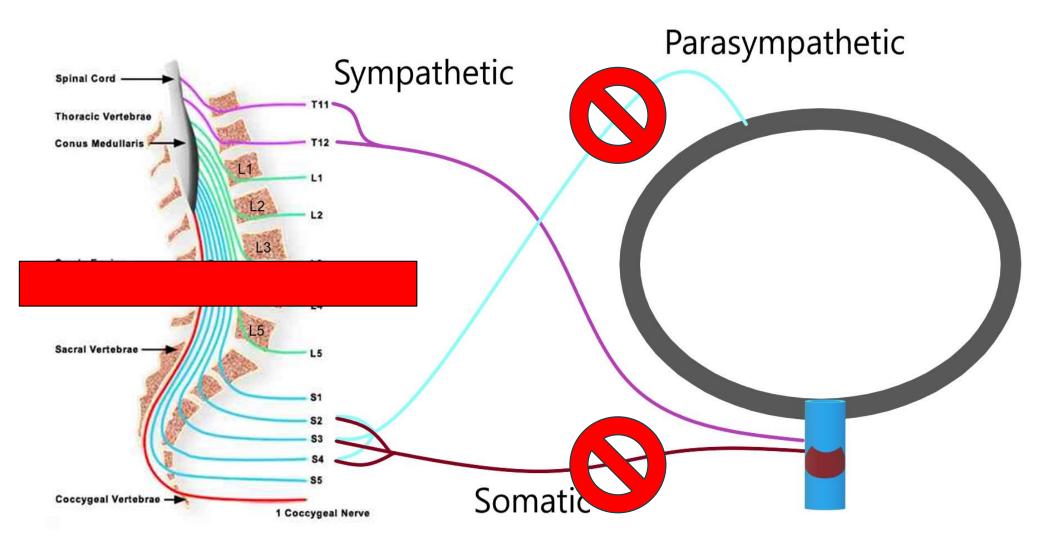


Cardinal features of acute CES

Urinary retention

- Detrusor paralysis
- NOT incontinence in the early phase
- Loss of perianal sensation (saddle numbness)
- Variable loss of lower limb power and sensation
- Associated with compromise of lumbar spinal canal





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Clinical features

Back pain	94% (acute 69%)
Difficulty passing urine	90%
Perianal numbness	82%
Sciatica	81% (bilateral 35%)
Loss of perineal pin prick	75%
Loss of urinary sensation	64%
Urinary incontinence	48%
Absent anal tone	48%
Painful urinary retention	16%
Faecal incontinence	12%



Incidence is rare

- General population 0.3 to 7 per 100,000 person years
- Presenting with back pain to GP 0.08%
- Presenting with back pain to ED 0.27%
- 1-3% of all lumbar disc herniations



Demographics

- M : F 58 : 42%
- Age: 42 years (22 to 76 years)

• Can happen to anyone



Progressive syndrome

Early	Evolving	Late	
Strain to pass urine	Painless urinary	Overflow urinary	
	retention	incontinence	
Partial perianal	Complete perineal		
anaesthesia	anaesthesia		
Reduced anal		Faecal incontinence	
contraction			



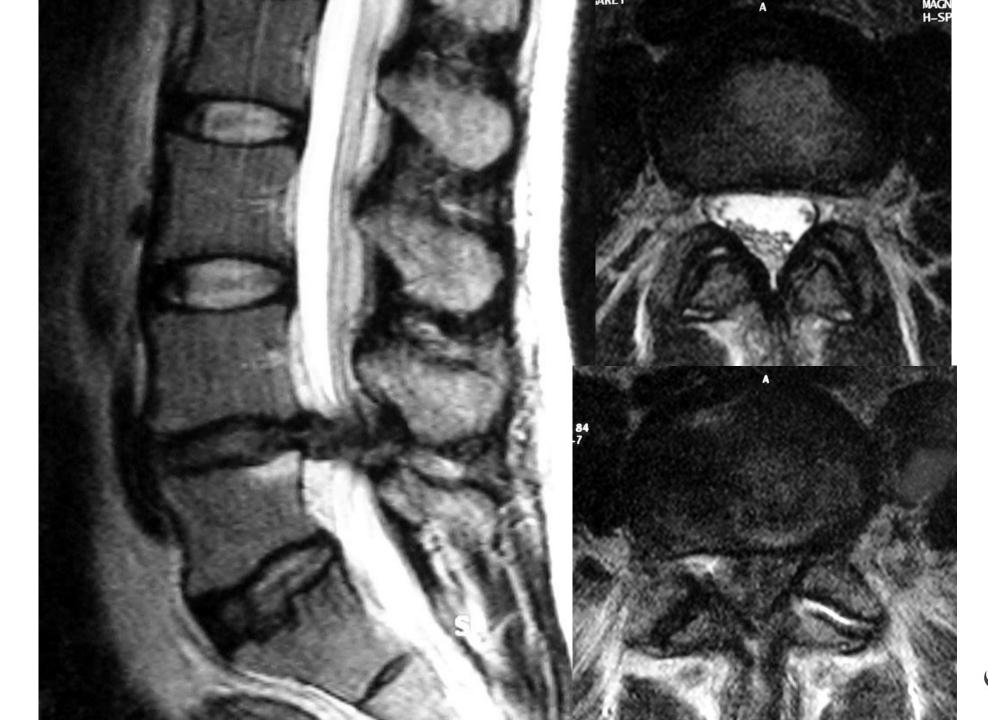


True Red Flags for early CES

- Difficulties urinating
- Reduced perianal sensation
- Bilateral lower limb radiculopathy

MRI will be positive 14 – 33%







What to do

- Anal examination
 - Numbness
 - Anal contraction
- Lower limb strength and numbress
- Is the bladder full?
 - Can they empty the bladder?
 - Bladder ultrasound



Post-void residual

	Sensitivity	Specificity	PPV	NPV
Perianal	82%	42%	25%	<mark>92%</mark>
numbness				
Post-void residual	94%	72%	43%	<mark>98%</mark>
volume of urine				
on ultrasound				
>200mL				

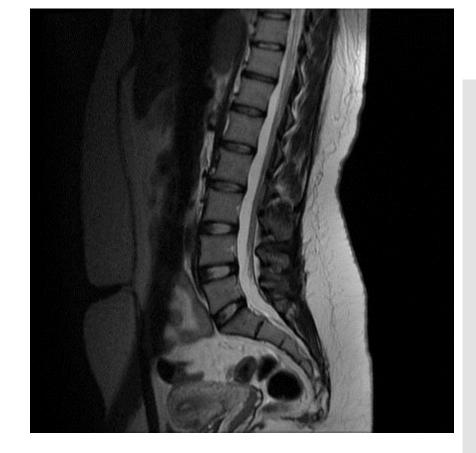


Surgical emergency 1/3

Overall outcomes worse if surgery > 48 hours
Immediate referral to emergency department



All is not what it seems!

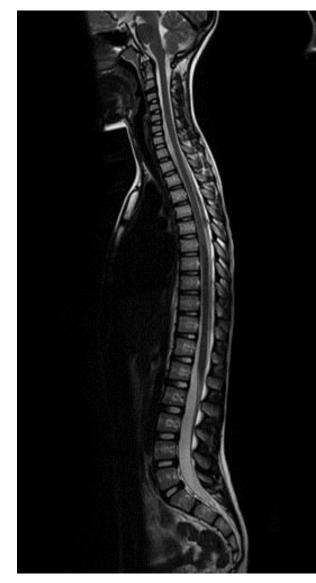


- Even with carefully selected cases
- MRI shows cauda equina compression in only 14 33%
- What about the 86 to 67% of `clear' scans?



Clinical confounders 1/3

- 1. Spinal cord uncommon but should be checked with MRI
- 2. Disc herniation, back pain and sciatica
 - Pain alone disturbs bladder function
- 3. Medications
 - Opioids
 - Gapapentin, pregabalin
 - Anticholinergics, TCA
- 4. Chronic constipation in the elderly





Functional neurological disorders 1/3

- Approximately 30%
- Have all the hallmarks of CES
- MRI scans of entire spine normal
- History of anxiety, stress, previous functional issues
- Chronic disability and social isolation
- Need specialist multi-disciplinary management





Functional Neurological Disorders Clinic - POWH

Mindgardens Functional Neurological Disorders Clinic

- Diagnosis by consultant neurologist
- <u>https://www.mindgardens.org.au/what-we-</u> <u>do/research-project/mindgardens-functional-</u> <u>neurological-disorders-clinic/</u>





Q & A

- > A **recording** of the webinar will be available on my website
- Further resources for GPs are available at <u>https://spinalsurgeonsydney.com.au/for-referrers</u>
- To receive future resources via email, send your name and email address to info@powspine.com.au



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You can also reach me via ralphstanford@powspine.com.au.

