

#42

EFFECTIVENESS OF A NON-ANTIBIOTIC ALTERNATIVE IN TREATING URINARY TRACT INFECTIONS

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Objective: Urinary tract infections (UTIs) are the most common complication in those with spinal cord injury (SCI). More than 40% of people with physical disabilities use alternative medicine to treat medical conditions. The objective of this study was to compare the effectiveness of a common used nonantibiotic alternative (uva ursi-Bear berry) to a traditional antibiotic regimen for treating UTIs.

Design: Prospective, randomized controlled animal study.

Methods: This study was done using a well-established SCI animal model, the Sprague-Dawley rat. Attempting to evaluate a treatment in humans is difficult and usually requires a large sample size because of many variables such as bladder management in humans with SCI. SCI rats with documented UTIs were given amoxicillin or the nonantibiotic alternative (uva ursi) for 7 days. UTI was defined as the presence of bacteria and pyuria. A urine culture and sensitivity was done 3 days post antibiotic/nonantibiotic alternative treatment. Treatment was considered successful if there was complete resolution in the elevated white blood counts (WBCs).

Results: There was resolution of elevated WBC in 50% of the animals treated with amoxicillin and 80% of those treated with uva ursi. The Fisher exact test showed no significant difference between the 2 groups ($p = 0.03$). The Barnard's Unconditional Test of Superiority Using Difference of Two Binomial Proportions also showed no differences between the 2 groups ($p = 0.02$).

Conclusion: Resolution of pyuria was similar in rats treated with amoxicillin or uva ursi.

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#43

EXTERNAL SPHINCTEROTOMY: CLINICAL RESULTS WITH LONG-TERM FOLLOW-UP

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Background: External sphincterotomy is a commonly used treatment in the management of men with spinal cord injury (SCI). We sought to determine the clinical results and to determine reasons for failure of Nd-YAG laser sphincterotomy as initial treatment of detrusor-external sphincter dyssynergia (DESD) in men with SCI with a minimum 5-year follow-up.