

POST-VOID BLADDER SCANNING IN THE ASSESSMENT OF PATIENTS WITH SUSPECTED CAUDA EQUINA SYNDROME (CES): SINGLE CENTRE VALIDATION STUDY

Background

- CES symptoms/signs variable
- Diagnosis challenging without MRI; should be available 24/7.
- Post-Void Residual bladder volume (PVR) is sensitive & specific (Katzouraki et al, 2020)

Aim

- Describe presentation patterns of suspected CES in our DGH

Outcomes

1. Local validation of Katzouraki et al's PVR findings
2. Evaluation of clinical documentation

Strengths of association for positive findings					
	Sens (%)	Spec (%)	OR	95% CI	Association (Fisher's Exact Test):
Back pain	75	5	0.16	0.01, 1.80	p = 0.21
Altered leg sensation	100	36	5.09	0.27, 97.29	p = 0.30
Reported altered saddle sens	50	65	1.86	0.25, 13.76	p = 0.61
Sciatica	100	31	4.08	0.21, 78.10	p = 0.31
Altered urinary sens	25	80	1.33	0.13, 13.59	p = 1.00
Urinary incontinence	25	55	0.41	0.04, 4.05	p = 0.63
≤4/5 limb weakness	25	61	0.52	0.05, 5.19	p = 1.00
Abnormal DRE	50	50.54	1.02	0.14, 7.56	p = 1.00
PVBS ≥200ml	75	83.82	15.55	1.48, 163.6	p = 0.02

Methods:

- Local audit & retrospective observational cohort study
- Consecutive admissions
- 13.3.20-11.11.20
- A&E / Clerking notes reviewed

Results:

- 104 patients
- 38M:66F, mean 47.2yrs
- 4 (M:F 2:2) MRI proven CES

Discussion:

- Low threshold for MRI: <4% of patients had MRI proven CES
- PVR **only** stat significant finding
- PVR **not documented in 31%**