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Letter to the Editor

Bladder, Bowel and Sexual Dysfunctions are not Uncommon, but Rather Frequent Warning Signs of Cauda Equina Syndrome

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Letter to the Editor

We read with interest the article by Ramola *et al.* about a 36-year-old man with cauda equina syndrome (CES) due to a herniated disc at L4/5 with sequestration [1]. Clinically, the CES manifested as pain, weakness in right foot extension, bladder dysfunction, constipation, and erectile dysfunction [1]. The patient underwent L4/5 discectomy and gradually recovered over 40 months. However, foot drop, muscle atrophy, and mild lower back pain persisted [1]. The study is insightful but warrants further discussion.

First, we strongly disagree with the statement that sexual dysfunction is a rare manifestation of CES [1]. On the contrary, sexual dysfunction is one of the warning signs of CES and is reported by most patients [2]. In a study of 35 male patients with CES, almost 75% reported sexual dysfunction, either in terms of erection or orgasm [3]. Not only can male sexuality be affected by CES, but also female sexuality [4].

Secondly, it is unclear why the patellar tendon reflex was normal on the right [1]. According to the clinical findings and MRI scan, the right L4 nerve root was clearly compressed [1]. Furthermore, the tibialis anterior muscle, described as atrophic, is innervated by the L4 and L5 roots. These findings suggest that the patellar tendon reflex should have been diminished or even absent on the right, but not normal.

Thirdly, it was not explained why the sexual and urinary dysfunction resolved within 40 months, while the foot drop (MRC 1) and the atrophy of the tibialis anterior muscle persisted [1]. In a patient with residual innervation of the tibialis anterior muscle, one would expect nerve fibers to sprout from the L4 root proximal to the damaged area and to have reached the muscle almost four years after surgery. Was a needle electromyography of the right tibialis anterior muscle performed to determine whether reinnervation potentials were recordable or not?

The fourth point concerns the discrepancy between an SF-36 score of 90 for physical function one year post-surgery and persistent severe extensor weakness of the right foot (MRC grade 1) [1]. Since the SF-36 assesses strenuous and moderate physical activity, walking, stair climbing, physical movement, locomotion, and self-care [5], a significantly lower score than 90 would be expected than the one shown in Table 2. Someone with foot drop would be considerably more impaired in the activities assessed by the SF-36 than the patient described.

The fifth point concerns the full-blown symptoms of CES, which also include fecal incontinence, bilateral muscle weakness, decreased muscle tone, muscle fasciculations, and a diminished anal sphincter reflex. Were these features present in the patient described?

Overall, CES frequently impairs sexual, bladder, and bowel function and typically manifests with bilateral lower extremity weakness, diminished tendon reflexes, sensory disturbances, pain, muscle hypotonia, and fasciculations. If these features are absent, patients should be re-evaluated.

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References

1. Ramola M, Ramola M, Dav R, Malhotra M. Long-term recovery of cauda equina syndrome and sexual dysfunction following delayed decompression of a giant lumbar disc herniation: Illustrative case. *J Neurosurg Case Lessons*, Apr 13, 2026; 11(15):CASE2647. Doi: 10.3171/CASE2647
2. Sangondimath G, Mallepally AR, Mascharenhas A, Chhabra HS. Sexual and Bladder Dysfunction in Cauda Equina Syndrome: Correlation with Clinical and Urodynamic Studies. *Asian Spine J*, Dec 2020; 14(6):782-789. Doi: 10.31616/asj.2019.0305
3. Podnar S, Oblak C, Vodusek DB. Sexual function in men with cauda equina lesions: A clinical and electromyographic study. *J Neurol Neurosurg Psychiatry*, Dec 2002; 73(6):715-720. Doi: 10.1136/jnnp.73.6.715
4. O'Connor L, Egan J, McGuire BE. *"It's changed forever"*: The lived experience of sexuality and sexual functioning in women with cauda equina syndrome (CES). *Disabil Rehabil*, Dec 2024; 46(26):6384-6390. Doi: 10.1080/09638288.2024.2330665
5. Dugan SA, Everson-Rose SA, Karavolos K, Sternfeld B, Wesley D, Powell LH. The impact of physical activity level on SF-36 role-physical and bodily pain indices in midlife women. *J Phys Act Health*, Jan 2009; 6(1):33-42. Doi: 10.1123/jpah.6.1.33