

procedures could be extended to disaster situations.

Key words: coordination; doctors; evacuation; Gulf War; military; networks; radio; Sarajevo; treatment; triage
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Feasibility of Transplantation Treatment of Spinal Cord Injuries

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Objective: To investigate the effects of transplation of fetal nervous and hemopoetic cells into patients with spinal cord injuries.

Methods: The cells from fetal nervous and hemopoietic tissues (gestational age 16–22 weeks) were implanted subarachnoidally into eight patients (21-to-49 year old) with severe, traumatic, spinal cord injuries at various cervicothoracic spine levels. The trauma was incurred from automobile accidents. The remoteness of the occurrence of the trauma was from 1 month to 6 years before the transplantation was performed. Before transplantation treatment, the neurological state of each of the patients was consistently a grade =93A=94 of spinal injury according to Francel classification. In seven cases, cell transplantation was preceded by resection of a connective tissue cyst that has formed within the site of traumatic injury.

Results: A noticeable clinical improvement was observed in 6 of 8 cell-grafted patients. The neurological state of 4 and 2 patients became to be clinically consistent with =93C=94 and =93B=94 grade of spinal injury, respectively. No clinical effect was noted in two patients both of whom had the longest time elapsed from the trauma (3 and 6 years). No serious complications of transplantation treatment was noted.

Conclusion: The results presented point out a clinical relevance of transplantation approach to treating consequences of spinal cord injury.

Key words: fetal tissue; injuries; spinal cord; transplantation; trauma

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Early Non-Operative Treatment of Severe Acute Pancreatitis

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Introduction: The effects of different treatments in severe acute pancreatitis (SAP) have not been established.

Methods: From January 1992 to May 1997, 86 cases of SAP were studied retrospectively. They were separated into two groups: (1) operated, and (2) nonoperated patients. The operated group consisted of 43 cases operated upon during the first two weeks after they were admitted in the hospital. The patients in the other group were not operated upon during the same period. The morbidity of complications

and the curative rates were compared.

Results: The morbidity rate associated with complication in nonoperative group (36.8%) was lower than for the operated group (91.7%). The curative rate for the nonoperated group was increased significantly over the rate for the operated group, especially in SAPII cases.

Conclusion: The treatment of nonoperated patients in the early stages can bring a satisfactory therapeutic result. This treatment included: (1) the continuous monitoring in ICU, (2) alimentary support, (3) using the pancreatin inhibitor, (4) rest for the pancreas, and (5) the early administration of antibiotics.

Key words: care; intensive care; morbidity; pancreatitis; surgery

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Advantages of a Common Patient File System for SAMU Emergency Services and Hospitals

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Introduction: The quality of prehospital emergency service medical practice still has not been assessed completely. The main studies available in France are quantitative, describing the level of equipment and the activity of the SAMU emergency service organisations. Medical evaluation of prehospital Emergency Medicine is rendered difficult in France by a number of obstacles. Reluctance to change is only one of these. The means to collect and interpret the medical data often is lacking. Prehospital Emergency Medicine can be compared to the exposure of a negative that will be revealed by the hospital. It is made up of a range of actions for which the only way to assess, if they are appropriate, is the subsequent history of the patient in the hospital. If this part of the picture is lacking, it is difficult to study the quality of prehospital care, the impact of various treatments given prior to transport, the indications according to the pathology, while considering the cost-effectiveness ratio. Consequently it appears difficult to make recommendations that are backed up by solid arguments, whether in terms of clinical practice, means of management, the strategies for allocation of prehospital health care equipment and health policies. The exploitation of data for research purposes is equally difficult, if not impossible.

Methods: The idea is to pool the SAMU emergency service medical files and those of the hospitals. The expected advantage is the possibility of following the patient's history systematically from the beginning—the first patient contact—and through to his discharge from hospital. Identification of the patient respecting all the requirements of law, the succession of diagnoses made from the point when first taken charge of up to the final diagnosis, the succession of treatments, the time required to carry out the main investigations/treatments, steering and any change in destination, the time spent in each department, and the patient's condition on discharge.

Ample use of computer technology together with a