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## LOS ANGELES MAN WORKING TO BEAT COMEBACK ODDS AFTER SPINAL CORD INJURY LEADS TO PARALYSIS

**LOS ANGELES (April 6, 2007)** – According to the diagnostic scans, Leon Smith would never be able to reach out with his arms, grasp with his hands or take another step.

But the X-rays and MRIs were completed last August after Smith suffered a devastating injury to his spinal cord. Today, the Los Angeles resident is working toward resuming a normal life after two operations at Cedars-Sinai Medical Center gave him a chance to beat overwhelming odds.

“This is a one-in-a-million case,” said Justin D. Paquette, M.D., neurosurgeon at the Cedars-Sinai Institute for Spinal Disorders. “He was quadriplegic and ventilator-dependent (unable to breathe on his own). A patient who is in this condition, with persistent spinal cord compression for even 24 hours, has essentially zero chance of recovery. Mr. Smith had been like this for almost a week before he came to Cedars-Sinai.”

The spinal cord injury occurred without warning. An undiagnosed and asymptomatic infection in his neck had eroded and weakened two vertebrae, silently exposing his spinal cord to increasing risk. Smith said he was working at his job as a security guard at a grocery store when he felt a “pop” in his neck. Not expecting anything serious, he continued to work.

“I worked like that for about another week and a half. Headaches came and progressively got worse – and I’m one of those people that ... never had headaches,” he said. “It got to the point where I could barely hold my head up, so I had a friend take me to the emergency room (at another hospital).”

His condition deteriorated rapidly. Within a day or two, Smith, 54, **[note: he will be 55 on April 15, 2007]** lost the ability to move his extremities or breathe without assistance. As the degree of his injury began to be realized, it was clear he needed specialized neurosurgical expertise. Although the full extent of his injury had taken more than a week to develop, his quadriplegia and prognosis were the same as if he had suffered a sudden traumatic injury, such as the fall from a horse that paralyzed the late actor Christopher Reeve.

After the family made several calls to other hospitals, Smith eventually was transferred to Cedars-Sinai, where Paquette offered to evaluate the situation.

(more)

“I had some long discussions with his family, telling them that the chance of anything coming back would be a one-in-a-million miracle kind of situation,” Paquette said. He quickly scheduled surgery to remove the infection and bone fragments of two cervical vertebrae (c-3 and c-4).

One of the main goals of the operation was to provide stability that would allow physical therapists to work with Smith and move him, even if he remained quadriplegic. Using advanced materials and a new technique that is accomplished from the front of the neck, Paquette inserted a long construct to stabilize Smith’s head and take the pressure off his spinal cord.

“As he was being treated for infections and other issues, he started getting his strength back, which was the last thing that any of us expected, but it was really fantastic,” Paquette said. “And as he started to get more and more strength back, it became evident that simply having this construct in front of the spinal column was not going to be enough for him. I did a second surgery from the back and ended up fusing the vertebrae from c-2 to c-5 to completely stabilize the neck.”

Paquette performs many of his surgeries using a microscope and a highly sophisticated neuronavigation system that produces 180 images that are fed into a computer system. “It allows me to depict the spine on the computer and neuronavigate around to get the best placement of screws and anatomy. This is especially useful in a location like c-2 where there is a very tight corridor. You may have a 4 millimeter screw and a 4 millimeter channel of bone. On one side is the spinal cord and on the other is the vertebral artery. If you miss by even half a millimeter, it’s a major problem,” he said.

“From what I know now, what they did was very, very risky. I’m a very blessed man to be here,” said Smith, who by mid-December was medically stable and able to be transferred to a rehabilitation center. Today, he is out of rehab and continuing to work toward a full comeback.

“I went into this knowing that it was going to take time,” he said. “I give myself about a year and a half. I’ll be walking and driving and back in the world again – even if it takes two years.”

Paquette said Smith’s surprising outcome encourages him to keep an open mind when dealing with patients with spinal cord injuries.

“The vast majority of times you do this surgery, nothing is going to come back,” he said. “A patient may get a little flicker of sensation back – maybe in a shoulder – but movement of arms and legs is truly a fantastic thing. I will continue to be realistic with patients, but after an experience like this, at least now I can say we’ve got to give everything we possibly can because you never know.”

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consecutive years, it has been named Los Angeles' most preferred hospital for all health needs in an independent survey of area residents. Cedars-Sinai is internationally renowned for its diagnostic and treatment capabilities and its broad spectrum of programs and services, as well as breakthroughs in biomedical research and superlative medical education. It ranks among the top 10 non-university hospitals in the nation for its research activities and is fully accredited by the Association for the Accreditation of Human Research Protection Programs, Inc. (AAHRPP). Additional information is available at [www.cedars-sinai.edu](http://www.cedars-sinai.edu).

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