

Autonomic Dysreflexia

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“Autonomic dysreflexia may occur with lesions rostral to the splanchnic sympathetic outflow (above the T6 level) in which a stimulus (usually bladder or rectal distention) results in a sympathetic overresponse characterized by excessive sweating below level of injury, severe hypertension, reflex bradycardia, pounding headaches, blurred vision, nausea, blockage of nasal passages, and cutaneous flushing”¹

Epidemiology

- Autonomic dysreflexia occurs in patients with an injury at T6 level or above.

The condition is induced by sensory stimulation below the level of the injury, and is characterised by sudden, uncontrolled response in the sympathetic nervous system. - This results in episodes of paroxysmal hypertension, frequently accompanied by baroreflex-mediated bradycardia (9, 10). Systolic blood pressure of 250–300 mm Hg and diastolic blood pressure of 200–220 mm Hg have been recorded with autonomic dysreflexia (11).

1. Brazis PW, Masdeu JC, Biller J. *Localization in Clinical Neurology*. 8th ed. Wolters Kluwer Health; 2022.