



Living with Spinal cord Injury for forty years in Nigeria: The report of Triumphs and Travails of an Indomitable Woman

Aliyu Muhammad Koko¹, Amina Rahma Audu²

¹Department of Surgery/Neurosurgery, regional centre for neurosurgery, Usmanu Danfodiyo University/Teaching hospital, Sokoto, Sokoto state, Nigeria

²Department of Educational foundations, Federal University Gusau, Zamfara state, Nigeria

ABSTRACT

Published Online: February 18, 2026

Background: Spinal cord injury was a common disastrous condition seen globally. Survival may be cut-short by numerous complications attributable to the injury.

Case presentation: we recorded a 55-year-old female university lecturer who had survived complete thoracic spinal cord injury for four decades and narrated challenges and successes she experienced over the span of forty years with spinal cord injury in Nigeria.

Conclusion: This report outlined a rare case of four decades survival and significant educational and developmental achievements recorded in a spinal cord injured person.

KEYWORDS:

spinal cord injury, long-term survival, neurotrauma, neurorehabilitation, disability

INTRODUCTION

Spinal cord injury being one of the most devastating form of neurotrauma continues to be globally recognised due to severe disability and death encountered by the individuals afflicted.(Nwankwo & Uche, 2013) The incidence of spinal cord injury was reported as 26.5% per 1 million population globally while in Nigeria a prevalence of 5.2% was reported. (Morgan et' al, 2023; Barbiellini et' al, 2022)

The causes of spinal cord injuries were numerous including but not limited to road traffic crashes, falls from height, assaults, gunshots, mining tunnels collapse and sports activities.(Draulans et al., 2011; Kumar et al., 2015; Obalum et al., 2009). Damage to the spinal cord results in impairment or loss of function of the spinal cord such as limb movements, perception of sensation, bowel and bladder control and well as autonomic function like blood pressure control, erection and ejaculation. The occurrence of spinal cord injury exerts pressure to both health facility by requiring huge and prolong medical care and also, the patients and their families. Apart from numerous complications of spinal cord injury ranging

from pressure sores, urinary tract infections, sepsis, deep venous thrombosis and depression, socio-economic consequences may be too many to mention especially in developing countries where optimum may not available or even affordable to the affected individuals. Social stigma, loss of jobs, anxiety, dependency, loneliness and isolation were commonly encountered sequelae of spinal cord injury. The combination of several medical, social and economic problems faced by spinal cord injured patients make live and livelihood difficult and significantly reduces survival and quality of life of the persons bedevilled by the condition. Thus, this report was conceived to describe a rare experience of a person living with spinal cord injury for forty years in Nigeria and encourage the public that survival was possible and call for infrastructure-compatible with people with disability in our setting.

CASES PRESENTATION

We report a 55-year-old university lecturer who was involved in ghastly road traffic crash forty years ago along Gusau-Sokoto high way. She was at the time of the accident a 15-year-old girl, suddenly noticed inability to used her both lower limbs after regaining consciousness from transient loss of consciousness. She received initial resuscitation and care at a peripheral hospital in now Zamfara state before her referral to Sokoto general hospital and subsequently air-lifted to national orthopaedic hospital in kano state. While in admission in kano, a diagnosis of thoracic spinal cord injury

Corresponding Author: Aliyu Muhammad Koko

***Cite this Article:** Koko, A.M., Audu, A.R. (2026). Living with Spinal cord Injury for forty years in Nigeria: The report of Triumphs and Travails of an Indomitable Woman. International Journal of Clinical Science and Medical Research, 6(2), 30-32. <https://doi.org/10.55677/IJCSMR/V6I2-01/2026>

T8-T12 was made and subsequently had spinal decompression and stabilisation, physiotherapy and rehabilitation. The spine surgery was complicated by infection that necessitated implant removal and had remained with complete spinal cord injury at the time of discharge after 5 months on admission.

She subsequently sought further rehabilitation at National Spinal Injuries Centre, Stoke Mandeville, UK where she had physiotherapy, hydrotherapy, introduction to sports and neuromodulation, a sacral anterior root stimulator was implanted to help with bladder and bowel control which she had used for fifteen years. Also, bladder augmentation surgery was done to improve her bladder capacity and reduce voiding problems. She had excellent outcome since the implantation of sacral stimulator as she achieved continence for 25 years while the device was active.

The person reported challenges encountered over the course of her sojourn with spinal cord injury to include cost of medical care, lack of infrastructure compatible with people with disability, logistics and imports hurdles of customised wheel chairs and other supplies, societal stigma and low-self-esteem. While success and triumphs recorded include ambulation with wheel chair, independent for self-care, air travels and driving, lecturer in the university, founder of a recognised disability foundation called rebuilding hope on wheels initiative (RHOWI). She is currently stable and seeks consultation with neurosurgeons when the need arises.

DISCUSSION

This report unveils a case of woman who survived spinal cord injury for forty years and still remained active, energetic and passionate about care and improved outcome for individuals with spinal cord injury. In a study in Botswana, 76% of spinal cord injured persons survived 10 years post injury. (Löfvenmark et' al. 2024) The survival of individuals diagnosed with thoracic spinal cord injury was 29% lower than the life expectancy of the general population. (Robert et' al, 2015). The reasons for the shorter life expectancy in spinal cord injured persons may not be unconnected to predisposition to recurrent infection like urinary tract, pressure ulcers, sepsis, immobility, deep venous thrombosis and depression. The index case though had surgical site infection, there was no episodes of urinary tract infection, sepsis or pressure sore as a result optimum medical care she received both home and abroad. However, the case may not be same in other patients in our setting where poverty, ignorance and lack of access to optimum medical care may greatly contribute to poor outcome and limit survival.

As in the current report, road traffic crash remains the most common cause of spinal cord injury.(Lenehan et al., 2009; Loughenbury, n.d.; Obalum et al., 2009; Sunder et al., 2023) Road traffic crashes contribute enormously to spinal cord injury, strategies such as improve road infrastructure, obeying traffic rules and speed controls will go a long way in

minimising the menace of road traffic accidents and eventually decreasing the occurrence of spinal cord injury. Care for spinal cord injury involves resuscitation and initial stabilisation, surgical operation, physiotherapy and rehabilitation. The cost of care is enormous and mostly unaffordable in our environment because of paucity of effective health insurance coverage and high rate of out-of-pocket payments of hospital bills.

Post-care rehabilitation and re-integration into the society is another complex issue requiring multi-faceted approach, in our setting everything is left to the surgeons and the patient-relatives to sort out an innumerable problems of spinal cord patients. Institutional support is hugely needed in any individual afflicted by spinal cord injury to help with rehabilitation, re-integration, educational pursuit and regular medical care. Most individuals could not return to work after the injury as such source of income is terminated, thus the utmost for institutional support and assistance to enhance their quality of life and improve chance of survival. The index case was arguably the longest surviving spinal cord injury published from Nigeria. As it is commonly said, “there is ability in disability” this adage typically elucidates the characteristics of the index case, as her disability did not weaken her but propelled her to achieve more in life in terms of excellent survival, high education, lecturing in the university and most importantly developing ways and means of impacting positively to a number of individuals affected by spinal cord injury.

CONCLUSION

This report outlined a rare case of four decades survival and significant educational and developmental achievements recorded in a spinal cord injured person.

REFERENCES

1. Barbiellini Amidei, C., Salmaso, L., Bellio, S. et al. Epidemiology of traumatic spinal cord injury: a large population-based study. *Spinal Cord* **60**, 812–819 (2022). <https://doi.org/10.1038/s41393-022-00795-w>
2. Draulans, N., Kiekens, C., Roels, E., & Peers, K. (2011). Etiology of spinal cord injuries in Sub-Saharan Africa. In *Spinal Cord* (Vol. 49, Issue 12, pp. 1148–1154). <https://doi.org/10.1038/sc.2011.93>
3. Inka Löfvenmark, Wame Mogome and Kobamelo Sekakela. Outcomes 10-years after traumatic spinal cord injury in Botswana - a long-term follow-up study. *Spinal Cord Series and Cases* (2024) 10:57. <https://doi.org/10.1038/s41394-024-00671-0>
4. Kumar, J. I., Yanamadala, V., & Shin, J. H. (2015). Operative Management of Spinal Injuries. In *Current Trauma Reports* (Vol. 1, Issue 3, pp. 193–202). Springer International Publishing. <https://doi.org/10.1007/s40719-015-0024-9>

Aliyu M.K. et al, Living with Spinal cord Injury for forty years in Nigeria: The report of Triumphs and Travails of an Indomitable Woman

5. Lenehan, B., Boran, S., Street, J., Higgins, T., McCormack, D., & Poynton, A. R. (2009). Demographics of acute admissions to a National Spinal Injuries Unit. *European Spine Journal*, 18(7), 938–942. <https://doi.org/10.1007/s00586-009-0923-y>
6. Loughenbury, P. R. (n.d.). *Indications and principles of surgical treatment in injuries affecting the thoracolumbar spine*.
7. Morgan E, Asogun D, Ogbetere Y, Poluyi E, Atabhotor V, Avbuluimen E, Morgan E, Nwatuozor C. Five-Year Retrospective Study of the Prevalence and Outcome of Traumatic Spinal Cord Injury Cases in a Rural Tertiary Hospital. *Pan Arab Journal of Neurosurgery*, 9,18(1):53-59. DOI:10.21608/pajn.2023.171520.1078
8. Nwankwo, O. E., & Uche, E. O. (2013). Epidemiological and treatment profiles of spinal cord injury in southeast Nigeria. *Spinal Cord*, 51(6), 448–452. <https://doi.org/10.1038/sc.2013.10>
9. Obalum, D. C., Giwa, S. O., Adekoya-Cole, T. O., & Enweluzo, G. O. (2009). Profile of spinal injuries in Lagos, Nigeria. *Spinal Cord*, 47(2), 134–137. <https://doi.org/10.1038/sc.2008.93>
10. Robert M. Shavelle, Michael J. DeVivo, Jordan C. Brooks, David J. Strauss, David R. Paculdo. Improvements in Long-Term Survival After Spinal Cord Injury? *Archives of Physical Medicine and Rehabilitation* 2015; 96:645-51. <http://dx.doi.org/10.1016/j.apmr.2014.11.003>
11. Sunder, A., Chhabra, H. S., & Aryal, A. (2023). Geriatric spine fractures – Demography, changing trends, challenges and special considerations: A narrative review. *Journal of Clinical Orthopaedics and Trauma*, 43. <https://doi.org/10.1016/j.jcot.2023.102190>