

Frederick M. Maynard, MD



Send your questions for Dr. Maynard to info@post-polio.org.

See other questions at www.post-polio.org/edu/askdrmay.html.

Question: Why does no one ever address the problems that polio caused to the digestive system? I had polio when I was 6 years old and have had problems with my digestive system ever since. Has there been any research on the effects polio had on the digestive system?

A: While there are many polio survivors who complain of heartburn and GERD symptoms, there is no evidence to support the idea that these problems are more common than among people of the same age without a history of polio. You are the first polio survivor that I know of that has experienced "stomach digestive problems" ever since their original polio. You don't indicate how severely affected by polio you were or if your breathing muscles were affected greatly or if you have scoliosis.

Some of the secondary complications of more severe polio paralysis can contribute to digestive problems because of inactivity/immobility and/or weakness of abdominal wall vs. diaphragm muscles. There is no evidence that the poliovirus had a direct damaging effect on the digestive system organs, and symptoms or problems would need to be managed in the same way that they would in anyone, with the exception of any need to modify treatments because of significant disability.

Research on the subject isn't being done because of the absence of plausible hypotheses for why polio would have directly affected the GI system.

Question: I had polio at age 5 in 1968 apparently contracted from the oral polio vaccine. The acute illness lasted about a month, then a slow recovery ensued (upper and lower right limb involvement) that took about a year. Is there any difference between PPS symptoms in patients who have contracted the disease through vaccine and those who contracted it naturally?

After many years with mysterious health problems, I have been diagnosed with PPS by my family doctor, but neurologists who we have consulted are confused by some of my most prominent symptoms. They say that they are not familiar with PPS causing anything more than difficulty swallowing (which I have). However, I also have severe reflux, intermittent gastroparesis, slow GI motility, constipation and right upper quadrant pain after fatcontaining meals. Are these added GI problems in line with what could be caused by PPS?

A: In answer to your first question, there are no known differences between the late effects of polio that develop in people with a history of vaccine-related polio vs. wild polio. The way you describe your recovery after polio also sounds typical for recovery from wild polio illness/paralysis, and there is a wide variation in the speed of recoveries that is primarily due to the severity and extent of nerve damage/nerve loss, not immunological issues.

Regarding your second question about gastrointestinal problems beyond swallowing difficulties related to throat muscle weakness, I would have to say that there is no convincing scientific evidence or study that shows they are directly related to having had polio. There are reports that suggest aging polio survivors MAY have a higher incidence of gastrointestinal motility disorders, as you describe them, but the evidence is weak and not widely accepted as "real" compared to chance occurrence because these problems are common in many older populations. The treatment would also be the same in any case.

Question: What are the symptoms in patients with post-polio syndrome with facial involvement? I am a PT with facial nerve involvement due to polio.

A: Regarding facial nerve involvement after poliomyelitis: It is not common but also not rare. I have seen well over a dozen patients with significant one-sided facial weakness secondary to polio. I have not seen anyone who reported facial weakness early on after acute polio who then had complete resolution of facial weakness and who then found the facial weakness returned during the typical post-polio syndrome years (20-40 years later).

Among the post-polio survivors with chronic facial weakness whom I have known for more than 20 years as a doctor, none have had appreciable or significant worsening of the facial weakness or any new complications from it. Some minor concerns that have occurred include increased drooping of the face and appearance change, some tendency to slur words more and/or work harder on clear articulation, and some increase of minor drooling from the mouth, particularly if there are also new swallowing difficulties at the throat.

If any of these problems were to become significant, I would suggest a consultation and evaluation by a PhD speech and language pathologist who sees patients with dysphagia (swallowing problems) and/or an Ear, Nose, Throat (ENT) surgeon.

Question: I had non-paralytic polio in 1949 when I was 2. I now wear two leg braces; one on my polio leg for drop foot and the other one on my left leg because I started dragging that foot. My right leg is always very cold to the touch even though it never feels cold to me unless I touch it. Is there any therapy or anything else I can do to get this atrophied leg warm? I wear compression knee socks and sometimes two pairs of regular knee socks and these do not solve the problem. Thank you for all you do to help polio survivors.

A: You are doing the only helpful thing for cold polio-atrophied legs by wearing layers of warm socks in cooler weather. Try to put the socks on when the leg is at its warmest, like after a hot bath or first thing in the morning before getting out of a warm bed. I would reassure you that the persistent coldness will not lead to other problems, nor is it likely a sign of other problems. I know you stay active and that may be helpful also.

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