

Involves the preservation of cutaneous sensation in the sacral dermatomes, even though sensation is impaired in the thoracic and lumbar dermatomes below the level of the lesion.

Sacral sparing may also include the preservation of motor function (voluntary external anal sphincter contraction) in the lowest sacral segments.

Sacral sparing has been attributed to the fact that the sacral spinal pathways are not as likely as the other spinal pathways to become compressed after injury.

The sparing of the sacral spinal pathways can be attributed to the lamination of fibers within the spinal cord.

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