

EDITOR'S PAGE

Should traumatic and non-traumatic SC lesioned individuals be rehabilitated together?



JJ Wyndaele
Antwerp University Hospital, Antwerp, Belgium
E-mail: wyndaelejj@skynet.be

Dear *Spinal Cord* Reader,

At the editorial office of SC in Antwerp, Belgium, we sincerely hope that you enjoy a period of good weather. In the office we are still heating up the room and we try never to forget an umbrella when we leave the building. But we guess and hope, that finally it will turn to a more classic pattern of sun, less sneezing and coughing.

Meanwhile, we bring you in this issue a nice group of manuscripts on interesting topics.

UROLOGY: Welk *et al.* made a literature review on bladder cancer in SC individuals. Fewer Incidences have been reported in more recent papers. However, bladder cancer after SCI presents at an earlier age, at a more advanced pathologic stage and more with atypical symptoms. Indwelling catheters, urinary tract infections, and bladder calculi are risk factors. Screening is routinely recommended but screening tools and protocols need to be defined. Rodriguez-Romero *et al.* found in an animal experiment, that glomerular filtration rate but not tubular secretion is altered during spinal shock. This finding can be of interest to prevent toxicity and therapeutic failure when administering drugs eliminated by the kidney. Lombardi *et al.* demonstrated a strict correlation in terms of clinical and urodynamic patterns in individuals with incomplete SCL and neurogenic non-obstructive urinary retention following intravesical electrical stimulation (IVES) and first stage of sacral neuromodulation (SNM). However voiding improvement through IVES was short-term when compared to the effects of permanent SNM. Barboza and Beraldo sent a letter to the editor on bacteriuria and urinary tract infection after urodynamic investigation. (Bothig *et al.* SC 2013; 51: 70–73; Pannek SC 2013; 51: 74).

PRESSURE SORES: Our second review of the month is by Marin *et al.* on risk factors for pressure sores. They were sociodemographic, neurological, functional, clinical, biological and related to medical care management. Risk factors did not differ from the general population, but clinical, functional and hospital management emerged as specific risk factor domains for the SCI population.

PAIN: Soler *et al.* found the Spanish version of the MPI-SCI adequate for evaluating chronic pain impact following SCI in a Spanish-speaking population. Mann *et al.* describe how individuals with SCI-related neuropathic pain exhibited high pain levels despite active management. Pain levels were associated with poor function, particularly physical function, low health status, and activity impairment. Healthcare resource use was prevalent and costs, particularly indirect, were substantial, highlighting unmet need.

PSYCHOLOGY: Kilic *et al.* investigated positive coping and adjustment after SCL. This 'resilience' is an important psychological process in the longer-term management. Targeting rehabilitation interventions on mood management, proactive cognitive appraisals and coping skills, such as self-efficacy, can help to promote resilience.

REHABILITATION: Kennedy and Chessell found that it is effective to admit and rehabilitate patients with injuries resulting from both traumatic and non-traumatic etiologies in the same specialized setting. Both made good improvements in the 10 domains of rehabilitation.

IMAGING: Mulcahey *et al.* studied the diagnostic accuracy of diffusion tensor imaging for pediatric cervical spinal cord injury, and found a good to strong predictive accuracy for sacral sparing endpoints and motor and MRI level of injury. Salamon *et al.* assessed the utility of MR spectroscopy to quantify biochemical changes within the spinal cord and serve as a potential biomarker in patients with cervical stenosis with or without T2 hyperintensity within the cord, with good and promising results.

Enjoy reading.

Spinal Cord (2013) 51, 515; doi:10.1038/sc.2013.70