

EDITOR'S PAGE

Worsening of AIS despite neurological improvement in SCI individuals



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Dear *Spinal Cord* reader,

In this issue you will find a good mix of articles on different topics. All give interesting data that have to be analysed in context with an overall top level knowledge of the topics.

The new SCI basic data set deals with the upper extremities.

Basic research: Yates *et al.* present a placebo-controlled, parallel treatment-group study of the effects of methylprednisolone (MP) or 4-chloro-3-hydroxyanthranilate (4-Cl-3-HAA) on behavioral outcome and quinolinic acid tissue levels from experimental thoracic SCI in adult guinea pigs. Both drugs can attenuate secondary pathological damage after SCI, but through separate mechanisms.

Mitsui *et al.* found no differences in LUT function between incomplete and complete models in female Sprague-Dawley rats. Supraspinal and dorsal root projections to the L6 spinal cord responded differently to Contusion and Transection. This suggests that the benefits of pharmacologic treatments may be different in these two lesion models.

AIS: Gundogdu *et al.* found a possible limitation in the AIS scoring. When recovery occurs without observing any motor or sensory changes while taking only the AIS into account, it would be possible to make an incorrect conclusion. The large amount of data in SCI databases should be reanalyzed.

Pretz *et al.* made a longitudinal retrospective study to better understand individual-level temporal change in functional status for participants with paraplegia in the National Spinal Cord Injury Database (NSCID), as measured by Rasch Transformed Motor FIMTM scores. Projected trajectories holds promise in facilitating planning for inpatient and outpatient services, which could positively impact long term outcomes.

Heart and sports: Coutinho *et al.* found total heart beat index and propulsion cardiac cost index (PCCI) to be valid measures for assessing energy expenditure. Both indexes showed a coherent correlation with the SCI level. Neto *et al.* from the same group, found these two indexes and the physiological cost index to be reproducible and responsive. The PCCI gave better statistical results, and may be useful in functional diagnosis and follow-up of rehabilitation. Rauch *et al.* found tetraplegia and women needing special attention when planning interventions to improve participation in sports. The subjective importance of sport is important, particularly among women.

Bowel: Janssen *et al.* conclude that an electromechanical massage device does not improve bowel function in most individuals with SCI with chronic problems.

Abdominal emergencies: Sarifakioglu *et al.* found retrospectively in 237 SCI individuals that the most common abdominal emergency was acute cholecystitis.

Urology: Hadiji *et al.* found oxybutynin and trospium not always satisfactory in neurogenic detrusor overactivity and rarely resulting in full continence.

Sexuality: Paneri and Aikat developed the Perceived Sexual Distress Scale (PSDS) in Hindi and found it to be a valid, self interviewer-rated tool that can help inform the rehabilitation team about the level of an individual's sexual distress post-SCI. It also provides an outcome measure to evaluate the efficacy of interventions related to sexuality post injury.

Other: Sheng-Li Huang *et al.* studied CT and MRI in diastematomyelia: the imaging features are characteristic, and relate well with the clinical manifestations.

The two letters to the editor relate to corticospinal conduction and MEP's presented in previous manuscripts published in SC.

We can only encourage this type of communication and interaction

Enjoy reading!