

## EDITOR'S PAGE

### Spinal Cord Editor's Page February 2008



Dear *Spinal Cord* reader,

Spasticity is a condition in which certain muscles are continuously contracted. This contraction causes stiffness or tightness of the muscles and may interfere with movement, speech and more. Spasticity is known to all working in the field of spinal cord medicine. Spasticity is familiar to many of the patients as increased muscle tone, a series of rapid muscle contractions, muscle spasms, involuntary crossing of the legs, fixed joints and even, on occasion, been thrown out of the wheelchair. It may be related to pain. Over the years, it can increase in its effect, making more severe treatments needed. Spasticity almost always interferes with rehabilitation and often influences daily activities. The knowledge of the electrophysiology and neurochemistry of spinal reflexes, together with the action of antispasticity drugs, helps us to understand the pathophysiology of spasticity. Evidence suggests that spastic muscles are themselves different from normal muscles, likely an effect of their abnormal neural input. Muscle fibre size variability and fibre type distribution have been shown to be different from that of normal muscle. In addition, experiments have demonstrated that although some spastic muscles have a normal stretch reflex, intrinsic muscle stiffness is significantly higher compared to the control muscle. But as we know, spasticity can also have possible benefits. It may help some patients to ambulate, stand or transfer; it may assist in maintaining muscle bulk, preventing DVTs and osteoporosis pressure ulcer formation over bony prominences. It can guide patients in bladder emptying and in defecation (the latter as shown by Haas and Geng in this issue). It can also be a diagnostic tool indicating that something is going wrong such as infection, constipation, skin lesion, change in neurologic status and so on. To be able to study spasticity, one needs to know how to measure it. The review by Hsieh, Wolfe, Miller and Curt in this issue gives important information. Is one measurement tool enough? Gorgey and Dudley investigated some positive effects of spasticity early after spinal cord lesion. Karlsson and Bennegard present a pilot study on the relation between spasticity and diabetes prevention.

Many more very interesting topics are present in this issue of *Spinal Cord*.

One animal study gives the relation between NO and VEGF (Savas *et al.*). Boord *et al.* investigated whether spinal cord injury with neuropathic pain is associated with a slowing of brain wave activity. Ferro *et al.* investigated whether a training program could cause knee injury to tetraplegic patients. Ruckstuhl *et al.* studied the influence of different load situations on shoulder cartilage thickness in para- and quadriplegia. Correa *et al.* present extensive surgery for recurrent pressure ulcers. Yayama *et al.* describe paraparesis progression in patients with spinal meningeal cyst. Planner *et al.* give MRI and clinical presentation of ascending myelopathy after spinal cord injury. Catz *et al.* describe the outcome of spinal cord injury after road accident and Ohsawa *et al.* after aortic aneurysm and its surgery. Vialle *et al.* give three cases of surgery in complete spinal anterior dislocation.

A letter to the editor and its reply to this letter and a book review complete the *Spinal Cord*.

We hope that you appreciate the increase in pagination, which permits to publish the accepted manuscripts in print quicker than before.

*Spinal Cord* (2008) 46, 85; doi:10.1038/sj.sc.3102176

JJ Wyndaele  
Editor-in-Chief  
E-mail: spinalcord@uza.be