

EDITOR'S PAGE

Spinal Cord Editor's Page August 2008



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Dear *Spinal Cord* reader,

Can cell therapy cure spinal cord lesions?

The topic of our first review article has kept researchers, physicians, patients and relatives busy for the last 30 years. All the patients paralyzed after a spinal cord lesion will ask you when a cure might become possible. Driven by this hope, some will be reluctant to undergo a surgical treatment for a complication or to improve function because they are afraid to lose a better chance in the future. Any research that could, even theoretically, mean a step toward cure after spinal cord lesion gets very wide coverage in scientific literature, and even basic information is broadly spread in more general publications.

Ronsyn *et al.*, reviewing stem cell treatment for spinal cord lesion (*Spinal Cord* 2008; 46: 532–539, in this issue), wrote: 'Despite major progress in pharmacological and surgical approaches, a spinal cord injury still remains a very complex medical and psychological challenge, both for the patients and their relatives, as well as for the involved physicians, with currently no existing curative therapy. For a future efficient treatment, four main approaches must be combined: (1) tissue or cell transplantation, (2) providing growth-stimulating factors (neurotrophic factors), (3) blocking factors which inhibit neural regeneration and (4) modulation of inflammatory response following spinal cord injury. Although different treatment options have proven to be successful in animal models, they also provide a realistic view on a complex therapeutical approach, which needs to be further investigated in many carefully designed animal studies before human applications should be considered.' However, reality is often different. Some physicians make the step from preliminary animal research directly to clinical application. The few case reports that describe 'improvement' and the few patient's testimonies that are found on the internet do not create the same impact in the clinical/scientific community as with patients and their relatives. Sound-proof and evidence-based data are mandatory for the first, but the latter are more than willing to accept anecdotal evidence as fact and a message of hope. How should we reply to a patient who asks for our opinion on receiving such 'curing treatment'? Comprehensive reviews, such as the one presented here, can guide us. An original contribution in this issue also explored repairing atonic bladder after medullary cone injury in the rat.

The second review article deals with contemporary management of adult intramedullary spinal tumors, especially the pathology and neurological outcomes related to surgical resection. This review is a reference for everyone involved in this type of treatment. Several original studies are presented in this issue on important topics of interest to all involved in the management of patients with spinal cord lesion.

When this issue is published, the ISCOS members and others in the community will be attending the annual meeting in Durban, South Africa. This is an important event for several reasons: it is the first ISCOS meeting to be held in southern Africa; local clinicians and researchers will attend to both learn from us and teach us new things.

It is good to witness the growth of spinal cord work in regions where there was previously little known scientific activity and few publications. In the upcoming issues of *Spinal Cord*, some very interesting studies originating from Africa will be published.