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EDITOR'S PAGE

Care of individuals with spinal cord lesion: from an untreated ailment, to coherent, comprehensive highly specialised care

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Dear *Spinal Cord* reader,

Welcome to this first issue of *Spinal Cord*, 2010. We from the editorial office hope you had an enchanting end of the year and that you start 2010 with good prospects and plans.

We will do our best to further improve *Spinal Cord* scientifically and develop it as '*The international voice of the spinal cord*'. New for 2010 are editorial notes. These will be a reflection or comment, invited by the editor in chief, on a manuscript to be published in *Spinal Cord*. It will appear directly after the manuscript, along with the author's name, and separately referenced. The purpose is to add the thoughts of an expert to the manuscript, positioning it even more clearly in the context of other literature on the topic. The first notes will appear soon.

This issue clearly reflects the nature of spinal cord care today. The clinical studies you will find on diet, urinary infection, quality of life, pain, physical activity, community need and healthy care utilization are examples of what comprehensive care means.

The review on brain death and cervical spinal cord lesions is challenging and important. The evolution from a desperate condition decades ago to what care can be today is very encouraging. But the work is not done and needs continuous effort. An ISCOS member wrote the following contribution: 'It was the pioneering work of Ludwig Guttmann in the forties that lay the foundations for the specialised care we know is needed to treat spinal cord injury. The life expectancy of the injured is today almost the same as in the able-bodied population, if the SCI patient is correctly treated. Unfortunately this is not always the case, and even though SCI care, at least in Europe, is organised as coherent comprehensive care, sometimes the care is questioned. A spinal cord injury could still be a life threatening condition, both in the acute situation and throughout life. Today more patients survive even the very high cervical level of lesions due to better care at the place of injury. The risks of aspiration, pulmonary embolism, respiratory failure, pressure sores, upper urinary tract infections, gastric ulcers, cardiac arrest are still present. The body does not signal properly and the acute abdomen in the SCI patient may be undiagnosed. New reactions emerge as the autonomic dysreflexia reaction that might further aggravate the loss of function by inducing stroke. Patients are at risk of developing severe soft tissue oedema, intramuscular bleedings that might progress to heterotopic ossification with loss of range of motion if not properly treated. Spasticity contractures might interfere with sleeping, as well as impair sitting. Urinary and anal leakage may threaten normal social life. Renal as well as lung function might deteriorate. The risk of pressure sores exist throughout life. Besides this, the spinal cord lesion causes a variety of neurological deficits depending on level and degree of lesion. In order to be able to treat this diversity, it is important to see more than one or two cases per year. It is by the collection of knowledge that began by Ludwig Guttmann and by using it in the care taking of the patients and transferring the knowledge to the patients that the life expectancy has been improved. The need of highly specialised coherent, comprehensive care still exists'.

It is without doubt that expertise needs sufficient experience. With an international incidence of 10.4 and 83 per million inhabitants per year,[1] it is clear that the role of specialised SCI centres remains important in order to obtain and maintain the knowledge and expertise for optimal care.

References

1 *Spinal Cord* 2006; **44**: 523–529.

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