

## EDITOR'S PAGE

### Mission impossible? Mission possible?



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Dear *Spinal Cord* reader,

The title of this editorial page sounds like a movie title. But in the broadest of interpretation we can fit most of what we do in spinal cord lesion management in there. Moreover parts of what we do can over time shift from the impossible to the possible. Research and communication are instrumental to achieve this. In this issue of *Spinal Cord* several interesting contributions are included some illustrating a lack and others a wealth of knowledge. Pannek and Bertschy in the first review systematically assessed the existing knowledge about treatment of neurogenic lower urinary tract dysfunction in pregnant women with traumatic spinal cord injury (SCI). They had to conclude that though every one will agree that such management is mandatory, no guidelines are available. But there are several interesting data in this review and one may be surprised at the methods of bladder emptying used; and the instance of urinary tract infection. I would encourage further development of the topic: what has to be done with drug intake, inclusive of bladder relaxing medication, how follow up during pregnancy should be organized etc. Hopefully someone will submit a manuscript to SC on these topics soon (Previous publications in SC on female sexuality 1997; 5: 136–138/1998; 36: 596/2008; 46: 53–57/2010; 48: 842–849).

A second review, by Todd illustrates that making such a review can give very interesting results. Amongst other findings, priapism that follows acute traumatic SCI is high-flow (non-ischaemic), i.e. the blood within the corpus is arterial in nature. Following traumatic SCI, priapism usually settles rapidly without specific treatment being required. This knowledge should be widely spread between the medical profession to avoid unneeded and potentially dangerous surgery. As priapism occurs at the moment of complete motor and sensory paraplegia, and not following a delay, there may be medicolegal implications: the presence/absence of priapism assists in determining when the complete spinal cord lesion occurred (Previous published in SC on priapism 2004; 42: 134–135).

ToCUEST: a task-oriented client-centred training module to improve upper extremity skilled performance in cervical spinal cord injured persons is the subject of two contributions by Spooren *et al.* In the first the method is described and illustrated with examples. In the second small pilot study the method was evaluated in a controlled fashion. The ToCUEST module led to improvement in arm hand skilled performance not only in individuals during rehabilitation, but also after finishing rehabilitation. These effects remained at follow-up (Previous publications in SC on rehabilitation of upper extremities: 2003; 40: 230–235/2006; 44: 772–779/2007; 45: 475–484/2009; 47: 196–203).

Bauman *et al.* present the next in the list of International SCI Data Sets, now on Endocrine and Metabolic Function These data include information on diabetes mellitus, lipid disorders, osteoporosis, thyroid disease, adrenal disease, gonadal disease, and pituitary disease. The question of gonadal status includes stage of sexual development, and that for females also includes menopausal status. Data will be collected on for body mass index and for the fasting serum lipid profile. The complete instructions for data collection and the data sheet itself for this Set and the previous ones, are freely available on the ISCoS ([www.iscos.org.uk](http://www.iscos.org.uk)) and ASIA ([www.asia-spinalinjury.org](http://www.asia-spinalinjury.org)) websites.

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Enjoy reading.