EDITOR'S PAGE

Autologous incubated macrophage treatment failed to show a difference in the neurological outcome in patients with acute, complete spinal cord injury

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Dear *Spinal Cord* Reader,

When the September issue is published, the Annual Scientific Meeting of ISCOS in LONDON is happening. We hope that many of you will participate and come to the Spinal Cord/Nature Publishing Group booth to discuss matters related to the journal, in person with the editorial team and NPG. This 50.9 issue has several interesting manuscripts. Whitehurst *et al.* reviewed the use of generic preference-based measures of health-related quality of life within the context of SCI. Despite 'cost-effectiveness' being an increasingly important consideration for decision makers in all areas of health care, there is a distinct lack of conceptual or empirical research on the topic. This should incite researchers to make such evaluations urgently.

Henry *et al.* failed to identify articles, other than case reports, which could assist in the formation of new guidelines to treat non traumatic spinal epidural hematoma (SEH) in pregnancy. The authors believe that SEH may be managed neurosurgically, without requiring prior, premature, caesarean section.

Lammertse *et al.* carried out a randomized controlled trial with single-blinded primary outcome assessment, to determine the efficacy and safety of autologous incubated macrophage treatment for improving neurological outcome in patients with acute, complete SCI. Participants with traumatic complete SCI between C5 motor and T11 neurological levels who could receive macrophage therapy within 14 days of injury were randomly assigned in a 2:1 ratio to treatment ($n=26$, autologous incubated macrophages) or control ($n=17$, standard of care) groups. Treatment group participants underwent macrophage injection into the caudal boundary of the SCI. The primary outcome measure was AIS A to B or better at 6 months. The analysis failed to show a significant difference in primary outcome between the two groups. The study results do not support treatment of acute complete SCI with autologous incubated macrophage therapy as specified in this protocol.

Harvey *et al.* determined the amount, the type, the use and satisfaction of equipment prescribed to aid mobility and self-care for patients with SCI in Australia. Patients were generally satisfied with the equipment they were prescribed. Only a small amount of equipment was not used one year later.

Van Middendorp *et al.* regret that there are no conclusive data related to the role of the timing of decompressive surgery, and the impact of injury severity on its benefit. They present a protocol that will look into this.

Ko *et al.* found that the development of early onset post-traumatic syringomyelia within 5 years of spinal cord injury was not associated with neurological injury level, severity of injury, the use of spinal surgery, or canal encroachment.

LaVela *et al.* studied sleep dysfunction (independent of sleep apnea) in persons with traumatic and non-traumatic SCI/D and characteristics and health outcomes independently associated with this. Consistent with the general population, they found significant associations with weight gain, smoking, alcohol misuse, and select chronic conditions (COPD, asthma).

Charlifue *et al.* report the International SCI Basic Data Set on Quality of Life. One can only recommend strongly to use the data sets routinely.

Geyh *et al.* examined factors of importance in participation of persons with SCI from a comprehensive biopsychosocial perspective, based on the conceptual framework of the International Classification of Functioning, Disability, and Health. Participation seemed to be independent of gender, age, level or completeness of injury. Self-efficacy and self-esteem explained, together with time since discharge and years of education, 48% of the variance in participation adjusting for health condition, depressive symptoms, pain interference, and social support.

Van Leeuwen *et al.* showed reliability and validity of the Mental Health subscale (MHI-5) of the 36-Item Short Form Health Survey (SF-36) in individuals with SCI, as a measure of mood, and as a promising measurement instrument to assess mental health problems in this population.

Taylor *et al.* studied nociception and neuropathic pain (NP) in a case report with an incomplete SCI after intramedullary haemorrhage.

Enjoy reading.

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