

EDITOR'S PAGE

Sexual function and autonomic dysreflexia in men with spinal cord injuries: how to treat



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Dear *Spinal Cord* Reader,

The editorial office wishes you and yours the most wonderful end of 2012 and a very prosperous and happy 2013. Times are not easy, but with mutual support and understanding, there is a way forward.

The new ISCOS president is presented here, Dr Doug Brown from Australia.

In this last issue of SC 50, there are several very interesting papers included.

Sexual function is a priority for men with SCI. As sexual activities, in particular ejaculation, can be a source of autonomic dysreflexia, adequate treatments and prophylaxis must be considered in the context of private sexual activities. Courtois *et al.* have reviewed the literature and give the available data on nifedipine, prazosin, captopril and clonidine.

Michael and Roth describe the challenges in rehabilitating patients with spinal cord injury (SCI) in the orthopaedic centres of the International Committee of the Red Cross (ICRC) in Afghanistan. This study is an example of what extra challenges arise when spinal cord management has to be done in specific local situations. Despite very elementary pre-hospital and hospital care, SCI individuals are rehabilitated within the limits set by available technology and socio-economic factors. Support to community reintegration can be effective for those living within a radius determined by distance and security.

Okada *et al.* identified observations that could aid in the diagnosis of cervical myelopathy in patients suffering from Diabetes Mellitus (DM), and found the 10-second test and Babinski's reflex to be helpful. In an editorial note Hagen confirms the need for such tests also to determine the effects of surgical treatment.

Tomberg *et al.* used fMRI to ascertain changes in sensorimotor system function in patients with Hereditary Spastic Paraplegia and correlate it with severity of spasticity and paresis.

Alshahri *et al.* reviewed traumatic SCI rates and epidemiology at the Riyadh Military Hospital in Saudi Arabia and reflect on strategies for a more integrated approach to injury prevention in Saudi Arabia.

Kathiresan *et al.* present the first report focusing on semen quality obtained by masturbation in men with SCI. Sperm motility was higher in men with SCI who could, versus could not, ejaculate by masturbation. Completeness of injury may contribute to this difference.

Romero-Ganuza *et al.* studied a cohort of patients under permanent respiratory support (phrenic nerve pacing, PNP, or mechanical ventilation). They found that paced patients were younger and had a longer survival. A multivariate analysis adjusted for age showed greater length of survival for PNP patients. In terms of HRQL, the PNP-supported patients showed better results in terms of social functioning.

Eslami *et al.* studied variables associated with pressure ulcers in SCI individuals, including age, sex, level of injury, time since injury, level of education, intimate partner.

Krhut *et al.* compared in a multicentre, prospective, randomized study, the outcomes of intradetrusor and suburothelial OnabotulinumtoxinA injections in individuals with spinal cord injury and refractory neurogenic detrusor overactivity. Results in both groups were comparable but the authors prefer the suburothelial injection since this method allows more precise toxin localization.

Two papers deal with participation. Ripat and Woodgate performed a grounded theory study about the self perceived participation in SC individuals. Mulcahey *et al.* examined the psychometric properties of item banks designed for a computer adaptive test of participation in children.

Imam *et al.* validated a telephone-administered version of the Modified Fatigue Impact Scale scores among individuals with a traumatic spinal cord injury (SCI) 6 months post discharge from rehabilitation, and found support for its value and validity.

Two interesting case reports and letters to the editor have been included.