

EDITOR'S PAGE

The prevalence of pulmonary embolism in chronic spinal cord lesioned individuals



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Dear *Spinal Cord* reader,

The June issue reflects some changes introduced in *Spinal Cord* in the last months. The editorial notes aim to discuss aspects of a manuscript accepted for publication by specialized colleagues in order to highlight values and possible shortcomings of what is presented in the manuscript. We are convinced that they offer the possibility to put specific research into context. Two 'Letters to the Editor' reflect the open communication between readers and the editorial office.

The review, by Frisbie and Sharma, demonstrates that pulmonary embolism is not infrequent in the chronic SCI subject. Its presentation may be subclinical, and its apparent recurrence may lead to pulmonary hypertension.

Bryce *et al.* present the background, purpose, development process, format and definitions of the International Spinal Cord Injury Pain (ISCIP) Classification. They felt that the format and definitions presented should help experienced and non-experienced clinicians as well as clinical researchers classify pain after SCI. In a second study, Bryce *et al.* found the utility and reliability of the ISCIP Classification as used by clinicians (who received minimal training in its use) with a clinical vignette approach to be moderate. Some subtypes of pain proved challenging to classify. The authors advice to test the ISCIP for reliability by applying it to real persons with pain after SCI. Based upon the results of this validation process, the instructions accompanying the ISCIP Classification for classifying subtypes of pain have been clarified.

Biering-Sorensen *et al.* present the International Spinal Cord Injury (SCI) Pulmonary Basic Data Set for individuals with spinal cord lesions. The list of basic and extended data sets grows constantly. Those published can be found in previous *Spinal Cord* issues.

Freixes *et al.* determined the level of fatigue in ASIA Impairment Scale (AIS) D spinal cord injury (SCI) in community ambulatory subjects and correlated fatigue with other clinical symptoms. It is no surprise that fatigue is a relevant problem for people with SCI AIS D. There is a significant relationship between fatigue and depression.

Pouw *et al.* compared, in a case series, the imaging findings from conventional magnetic resonance imaging (MRI) and diffusion-weighted imaging and found comparable detection rates for spinal cord damage in traumatic SCI patients within 24 hours post-injury. HU's editorial note gives arguments why Diffusion MRI should provide higher sensitivity and diagnostic value in the early stage of traumatic SCI.

Sabbahi and Sengul investigated in different trials C 7 electrical stimulation using surface electrodes while recording responses from different muscles in the upper and lower extremities. Responses appear to be caused by stimulating the dorsal roots or motor nuclei of the cervical region and could be useful in testing patients with cervical spinal disorders. Oliviero has puts some thoughts about the conclusions in the editorial note.

Casas Parera *et al.* translated the Standard Neurological Classification of Spinal Cord Injury chart (Revision 4/2011) in Spanish. Kirshblum replies to some requests proposed by the authors.

Many more interesting studies and case reports can be found in the issue.

Enjoy reading.