Babinski's reflex are more complicated than those in Hoffmann's and Trömmner's reflexes and different sorts of lesions may interrupt them. Taken together, of the eponymous reflexes only Babinski's reflex is helpful in making a diagnosis for cervical myelopathy in patients suffering from DM. Although the results of some previous reports suggest that DM does not have any significant affect on the prevalence of any myelopathic signs,^{1,2} these results, which differ from our results, might have come from a small number of the diabetic patients or the mixture of patients with mild and severe DM.

There were no significant differences in both sensory disturbance and bladder dysfunction among the three groups. This suggests that we were not able to detect the presence of cervical myelopathy in DM patients by either the degree of sensory disturbance or the presence of bladder dysfunction. Thus, both sensory disturbance and bladder dysfunction are not helpful in making the diagnosis for cervical myelopathy in patients suffering from DM. These indicate that we should not expect a postoperative improvement in either sensory disturbance or bladder dysfunction by decompression surgery.

In conclusion, the 10 s test and Babinski's reflex are helpful for the diagnosis of cervical myelopathy in patients suffering from DM.

CONFLICT OF INTEREST

The authors declare no conflict of interest

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Editorial Note on: Observations in the diagnosis of cervical myelopathy in patients suffering from diabetes mellitus

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Cervical myelopathy in patients suffering from diabetes pose a diagnostic challenge to clinicians. Long-term morbidity of diabetes results in peripheral neuropathy and bladder disturbance. Cervical myelopathy also causes sensory disturbance in the limbs and bladder dysfunction. Therefore, the presence of sensory disturbance and bladder dysfunction cannot be used to identify cervical myelopathy in patients suffering from diabetes.

The estimates show an increase in the global prevalence of diabetes for all age groups and especially among people >65 years of age.¹ Cervical spondylotic myelopathy is a degenerative process involving the discs and joints of the cervical spine, which can eventually result in spinal cord compression. The natural history of this disorder is usually slow deterioration in a stepwise manner, with worsening symptoms of gait abnormalities, weakness, sensory changes and often pain.² The prevalence of cervical spondylotic myelopathy increases with increasing age.³

Having both diabetes and cervical myelopathy makes it difficult to predict the outcome of surgery. Okada *et al.*⁴ propose, in this issue, that the 10-s step test and Babinski's reflex are helpful for the diagnosis of cervical myelopathy in patients suffering from diabetes. The 10-s step test is useful as a quantifiable measure of severity in cervical compressive myelopathy and also in determine the effects of decompressive surgical treatment.⁵ They studied the problem by reviewing patients who had undergone laminectomy for cervical compressive myelopathy: one group

without diabetes, one with mild diabetes and one with severe diabetes. No statistical difference was found preoperatively between the three groups performing the test, but there was a statistical difference between pre- and post testing in all three groups.

With the increasing prevalence of both diabetes and cervical spondylotic myelopathy, there is a need for tests that may be of help for the diagnosis of cervical spondylotic myelopathy in patients suffering from diabetes, as well as to determine the effects of surgical treatment.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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