

EDITOR'S PAGE

Secondary health conditions in individuals with spinal cord injury: a sign of premature ageing?



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Dear *Spinal Cord* reader,

We are coming closer to the start of 2014. This year has seen a lot of activities related to our 'Spinal Cord' journal. The plans that have been developed are ready to be implemented. They will help to keep 'Spinal Cord' the international voice of the spinal cord management. As an agreed policy by ISCOS we do our utmost to create chances for 'newcomers' in the field. One aspect is the efforts put in to upgrade weak manuscripts through repeated reviews so that they can become eligible for publication. Our rejection rate is high. But we try to look a little deeper and whenever we think suitable the improvement process starts. Of the last 140 manuscripts not rejected upfront (50%) 79 had one revision, 43 two, 15 three and 3 up to 6 revisions. I want to thank again our reviewers for helping us in this way. I am convinced that authors do appreciate this effort.

There are many nice manuscripts again in this last issue of 2013, on a variety of topics.

Reviews: Jensen *et al.* support the conclusion that individuals with SCI show signs of 'premature aging' in different organ systems and advocate longitudinal research to understand when problems are most likely to emerge, and to develop and test the efficacy of interventions to prevent these health conditions and their negative impact. Van de Velde *et al.* reviewed bowel management in spina bifida patients. Evidence favors an individually tailored stepwise approach with surgery as a final step. Continued specialized support throughout life remains important to maintain continence.

Rehabilitation: New *et al.* describe and compare perceived barriers to patient flow in spinal rehabilitation units around the world. Illes *et al.* look at dissociation in what 'risk' means between professionals and individuals with SCI, in relation to stem cell research. Garcia-Masso *et al.* studied the use of multiple linear models to estimate VO₂ by accelerometer data in paraplegic persons. Altmann *et al.* evaluated the classification system for trunk impairment in wheelchair rugby introduced in 2010. The interrater reliability proved adequate.

Outcome: Paul *et al.* made a longitudinal study on socioeconomic outcomes following SCI and the role of no-fault compensation in New Zealand. The findings that most people retained their economic status and that return to work was relatively high appear to be due to the proportion entitled to the no-fault compensation scheme for injury. This situation should mitigate against the downward spiral into poverty and further ill health.

Spine surgery: Lie Qian showed that symptom improvement after kyphoplasty is better in patients with wedge-shaped changes in supine and standing position, and the efficacy of height restoration of spine would be better in micromotion vertebra by balloon dilatation.

Case reports: Pérez Bovet *et al.* describe a case of traumatic retroclival hematoma with features not previously reported. Goetz *et al.* present a case of hip abscess culture positive for *Aerococcus urinae* in a man with paraplegia. Rajesh Kanojia *et al.* showed in a case that Pott's paraplegia can occur secondary to Scrofuloderma and that it can be managed by multidrug anti tubercular therapy and minimally invasive surgical procedure.

Letters to the editor: Shavelle *et al.* and Walsh *et al.* have written letters related to estimates and calculating expectation of life. Silver has written a letter related to changes in renal function during acute SCI to which Rodriguez-Romero *et al.* responded.

All very interesting to explore.

Enjoy reading and already our best wishes for a wonderful end of the year period.