

## EDITOR'S PAGE

# To cystoscope or not to cystoscope in the presence of longterm indwelling catheters in SCI individuals



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Dear *Spinal Cord* reader,

May we wish you a Very Happy 2014. That this year may see a further progress in SCI management worldwide, so that prevention, comprehensive management and proper long-term care become available to all. We also look forward to a further close collaboration with WHO and with the ISCOS affiliated societies.

SC starts the year with a large number of interesting manuscripts. Harvey, in an invited editorial comment, makes a plea to change from blind trust in statistical *P* values to 'precision for planning'.

*Experimental studies:* Pennant *et al.* studied in the rat the safety of apoptin in the mammalian spinal cord and its effectiveness in slowing down progression of spinal cord tumors. Matsuyama *et al.* studied the endoplasmic reticulum (ER) stress response in SCI in the rat. Chen *et al.* showed in the rat that a combined administration of Vitamin C and E was capable of modulating the antioxidant effects, reducing apoptosis and increasing autophagy at the lesion epicenter leading to an improved functional outcome. Leonard *et al.* demonstrated that severe acute traumatic human SCI results in decreased Substance P and an immediate increase of its NK1 receptor immunoreactivity suggesting that there is a neurogenic inflammatory component following human SCI.

*Epidemiology:* Sebastià-Alcácer *et al.* found SCI less caused by accident over the last 11 years and the average patient's age increased. However this represents no paradigm shift. Welk *et al.* assessed the validity of different administrative data sources available for the identification of traumatic SCI patients.

*Respiratory:* Raurich *et al.* found that acute tetraplegic patients by cervical SCI had reduced hypercapnic drive response that may contribute to the difficult weaning, without reduction in hypercapnic ventilatory response.

*Gait:* Arazpour *et al.*, by comparing a powered gait orthosis in healthy participants and persons with SCI, found that further development is needed to produce a device closely matching the gait parameters of normal walking.

*Urology:* El Masri *et al.* demonstrated that cystourethroscopic surveillance in high risk patients with indwelling transurethral or suprapubic catheter is essential.

*Gastroenterology:* Imai *et al.* found MACE valuable in achieving fecal continence in patients with spina bifida. Khan *et al.* showed that steroids used in acute SCI are a key risk factor for gastrointestinal complications with a subsequent high mortality rate. Ojetti *et al.* conclude that CH4 has an active role in the development of constipation in meningomyelocele children.

*Locomotor/Spasticity:* Scivoletto *et al.* found that the WISCI II has high inter- and intrarater reliability and good reproducibility in the acute and subacute phase when administered by trained raters. Cardenas *et al.* present 2 randomized, double-blind, placebo-controlled trials on the efficacy and safety of fampridine sustained-release tablets for moderate-to-severe spasticity in chronic SCI individuals. Nielsen *et al.* studied if C9ORF72 expansions might be a genetic risk factor or modifier of hereditary spastic paraplegia.

*Pressure sore:* Biglari *et al.* report retrospectively specific complications of certain skin flaps for treating pressure ulcers.

Two letters to the editor on two manuscripts published previously in *Spinal Cord*: very much worth reading. Enjoy this issue.