

EDITORIAL BY THE EDITOR-IN-CHIEF

Dear Readers

The current issue of "New Medicine" is unique as it is mostly dedicated to the rehabilitation of gas and stool incontinence, which is marginalized in Poland, with only few centres where patients with this "silent disease" can obtain professional care. We surgeons often lack knowledge about conservative treatment of neurogenic incontinence and rehabilitation after anal sphincter reconstruction.

Two extensive papers were submitted by rehabilitation specialists experienced in conservative treatment of incontinence from the Centre in Poznań. The first paper discusses the use of electromyography in the diagnosis and treatment of anal sphincters. Electromyography enables an objective assessment of the bioelectrical muscular activity at rest and during contraction. The authors of the article have extensive experience in using this method. Unfortunately, electromyography is available only in single reference centres in Poland. Patient's medical history, electromyographic data and ultrasound image of the sphincter muscles are the basis for the implementation of appropriate rehabilitation methods and parameters tailored to the individual needs of patients with anal sphincter dysfunction. Objective monitoring of the progress of rehabilitation therapy is an additional application of electromyography. In the article, the authors describe the principles of the method and its possible uses in different clinical entities, sharing their experience in this area. They conclude that electromyography is an effective method of neuromuscular re-education, and when combined with neuroregenerative sphincter stimulation, it is the only treatment method for neurogenic or habitual dysfunctions.

The second paper, submitted by the same team of specialists, raises the issue of sphincter rehabilitation in patients with a specific clinical entity known as cauda equina syndrome. The treatment consists of electrostimulation and EMG biofeedback exercises, preceded by electromyography with a two-channel rectal electrode. The therapy is performed in a home setting after an in-office training, and its progress is monitored during periodic EMG check-ups. The authors of both papers have over 20 years of experience in the rehabilitation of incontinence, especially of a neurogenic nature.

In this issue you will also find a paper describing two cases of female patients with anal cancer admitted to the District Hospital at various stages of diagnosis and treatment. One of these patients reported for an appointment due to haemorrhoidal disease, which confirms the need for oncological vigilance in every patient with proctological symptoms. The authors conclude, inter alia, that particularly careful and regular screening is especially needed in patients with documented history of HPV-induced anal lesions as they are at a significantly increased risk of HPV-related cancers. In my own practice, I have encountered several patients with anal cancer of an atypical, non-specific clinical picture.

I wish you a pleasant reading!
Editor-in-Chief Malgorzata Kołodziejczak

