To my wife Maria and my son George.

— Aristidis Veves

To my wife Robina and beautiful daughters: Imaan, Hana and Ayesha.

— Rayaz A. Malik
It has been almost a decade since the first edition of *Clinical Management of Diabetic Neuropathy* was published. Since then, all societies have seen an explosion in obesity and diabetes. As a result, there is also an explosion in long-term diabetes complications, including diabetic neuropathy. Diabetic neuropathy therefore remains a major health problem that has not only serious consequences for the patient but also carries a significant financial burden for the health care-providing organizations of every society.

Another change that has taken place since the last edition is the accumulation of considerable data that has drastically expanded our knowledge regarding the pathophysiology and natural history of the disease. Unfortunately, this expansion in our knowledge has not been accompanied by success in treating diabetic neuropathy. Thus, considerable clinical research efforts that employed various therapeutic modalities, including aldose reductase inhibitors, nerve growth factor, and PKC beta inhibitors, failed to provide positive results and are currently not expected to gain approval for clinical use.

For *Diabetic Neuropathy: Clinical Management, Second Edition*, we have made every effort to reflect the above changes. We have included new chapters that focus more detail on the pathophysiology of the disease, and we have also expanded the sections regarding the diagnosis and the management of the various presentations of diabetic neuropathy. We feel very fortunate that we were able to recruit all leading authorities in their respective fields, and we believe that this has tremendously increased the quality of this edition. We therefore hope that this edition will be helpful not only to the practicing clinicians but also to researchers who would like to examine this condition in more detail.

We would like to sincerely thank all of the contributors to *Diabetic Neuropathy: Clinical Management, Second Edition*, as it is their hard work that has resulted in this successful textbook. We would like also to thank Humana Press for their trust in our abilities and all of their help in accomplishing this project.

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The images listed below appear in the color insert within the text.

**Color Plate 1.** *Fig. 5, Chapter 6:* Bar charts and Western blots showing the effects of insulin, fidarestat and the p38 mitogen-activated protein kinases inhibitor, SB239063. *(See complete caption on p. 103.)*

**Color Plate 2.** *Fig. 5, Chapter 8:* Axoglial dysjunction is a characteristic degenerative change of type 1 DPN. *(See complete caption on p. 142.)*

**Color Plate 3.** *Fig. 2, Chapter 13:* (A) Localization of CML. (B) Quantification of staining intensities of epineurial vessels, perineurium, and endoneurial vessels. (C) Comparison of the staining intensity for CML and the receptor for advanced glycation end products. *(See complete caption on p. 234.)*

**Color Plate 4.** *Fig. 3, Chapter 17:* Normal human epidermal and dermal innervation visualized with confocal microscopy. *(See complete caption on p. 297.)*

**Color Plate 5.** *Fig. 5, Chapter 17:* (A) Method to measure collateral sprouting of human epidermal nerve fibers. (B) Example of collateral sprouting. *(See complete caption on p. 302.)*

**Color Plate 6.** *Fig. 7, Chapter 17:* For each subject, a regression line from postcapsaicin time-points is generated and the slope of this line is used as the rate of regeneration. *(See complete caption on p. 304.)*
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Color Plate 4. Normal human epidermal and dermal innervation visualized with confocal microscopy. (Fig. 3, Chapter 17; see complete caption on p. 297.)
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