SignaVitae

Journal of Anaesthesia, Intensive Care and Emergency Medicine

Special Issue

Prophylaxis, Monitoring & Resuscitation from Spinal cord injury

The spinal cord is an integral part of the central nervous system (CNS): nerve fibers of the peripheral nervous system project from it, relaying signals to and from muscles and organs — enabling us to move, and to feel heat and pain. But unlike their peripheral cousins, nerves in the CNS very rarely recover from damage. That is why neurological adverse events with spinal cord ischemia (SCI) remain one of the most feared complications and these patients can develop irreversible paraplegia with lifelong consequences with physical and psychological agony.

The 2016 National Spinal Cord Injury Statistical Center's Spinal Cord Injury (SCI) Facts and Figures reports approximately 17,000 new cases yearly, approximately 54 cases per million. A broad spectrum of diseases can cause spinal cord infarction along with traumatic spinal cord injuries.

Our understanding of the pathophysiological processes that comprise the early secondary phases of spinal cord injury such as spinal cord ischemia, cellular excitotoxicity, ionic dysregulation, and free-radical mediated peroxidation is far greater now than ever before, thanks to substantial laboratory research efforts. These discoveries are now being translated into the clinical realm and have led to targeted upfront medical management with a focus on tissue oxygenation and perfusion and include avoidance of hypotension, induction of hypertension, early transfer to specialized centers, and close monitoring in a critical care setting.

With this edition we aim to support a platform for global researchers to discuss & share their latest findings, research, and innovative concepts/ opinions about “Prophylaxis, Monitoring & Resuscitation from Spinal cord injury”.

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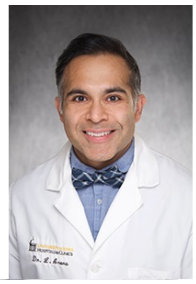

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