31st World Congress on Neurology and Therapeutics 32nd International Conference on Neurology and Cognitive Neuroscience

33rd International Conference on

Adolescent Medicine and Child Psychology

February 09-10, 2022 WEBINAR

Wagih El Masri, J Neurol Neurophysiol 2022, Volume 13



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Neurological recovery following Traumatic Spinal Cord Injuries (TSCI)

Traumatic spinal cord injuries (TSCI) are life-changing events. The medical, physical, psychological, social, financial, vocational, environmental & matrimonial effects also have an impact on the quality of life of the patient. The combination of consequent generalized physiological impairment, multi-system malfunctions, multiple disabilities, wide range of potential complications, sensory impairment together with the non-medical effects impose challenges to patients, carers and clinicians. Early prediction of neurological recovery is important to patients and family members especially during the early stages following injury.

Neurological recovery is not uncommon following traumatic spinal cord damage and is predictable. With good simultaneous active physiological conservative management of the injured spine and the multisystem malfunctions all complications that can further damage the Physiologically Unstable Injured Cord (PUSC) can be prevented. Provided both the biomechanical instability and physiological instability of the injured cord are well contained to protect the cord from further mechanical and non-mechanical damage most patients will exhibit a degree of neurological recovery. The magnitude and extent of this recovery depends on the presence or absence of sensory and sensory-motor long tract sparing in the first 48 hours of injury irrespective of the radiological presentation on X-rays, CT or MRI.

To date there is no evidence that surgical or non-surgical interventions on the injured spine and or spinal cord add value to the neurological or other outcomes of patients with TSCI. The risks of further damage to the PUSC by a number of pathological mechanisms during surgery, post operatively as well as by non-operative management of the injured spine without adequate attention to all the malfunctioning systems of the body during the transition between the stage of spinal & neurogenic shock to return of reflexes can result in neurological deterioration, lack of expected degree of recovery or delays in recovery.

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The positive and negative prognostic indicators of neurological recovery, and the factors that enhance, prevent or cause neurological deterioration in patients with complete and incomplete cord damage will be discussed.

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Biography

Wagih El Masri is an accredited Surgeon in the field of Traumatic Spinal Injuries (TSI). He trained at Stoke Mandeville, Oxford, Guys Hospitals & the USA between 1971&1982. Appointed Director of the MCI Centre in the RJAH Orthopaedic Hospital Oswestry (44 beds) between 1983 & 2014. He treated 10,000 patients with cord damage and took full responsibility of 3000 patients from the first few hours/days of injury to end of life. Published 148 manuscripts, lectured worldwide. Past President of ISCoS - Received National & International Awards from a range of Institutions including the House of Lords in the UK.

Received: November 15, 2021; Accepted: November 17, 2021; Published: February 09, 2022

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