

## EDITOR'S PAGE

# Pressure sores prevention and other valuable information about management of individuals who sustained a spinal cord lesion



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Dear *Spinal Cord* reader,

This February issue has again many important manuscripts. Basic research, direct clinical-management-related research and interesting case reports can all be found here.

Pressure ulcers are a common complication following a spinal cord injury (SCI). Good prevention requires the identification of individuals who are at risk for developing this complication. Gelis *et al.* determined the risk factors that correlated with the SCI patients' medical care management during the acute stage as well as the rehabilitation stages by performing a systematic review of the literature. From six studies they concluded that during the acute stage of a SCI, risks are essentially linked to care management and treatment modalities. They found some importance of low blood pressure on admission to the emergency room. Everybody involved in the care of individuals who have sustained a spinal cord lesion knows about pressure sores, and patients are instructed on how to avoid them. However, they still happen, and happen often, worldwide, with a broad range of consequences. There is certainly a need for further improvement in knowledge as suggested by this study. We need more observational studies and we have to continue to explore further improvement of care.

A second systematic review of the literature concerns the nature of the psychological morbidity in people with SCI. SCI is believed to place the individual at a high risk of psychological morbidity. Craig *et al.* systematically examine the prevalence of negative psychological states in people with SCI, as well as explore mediating and contextual factors through a literature review. The authors conclude that people with SCI have an increased risk of suffering debilitating levels of psychological morbidity. But again, there is a need for prospective and comprehensive research in large heterogeneous samples of people with SCI during the rehabilitation phase and following re-integration into the community.

Fattal *et al.* determined the potential impact of rehabilitation care on associated symptoms and functional improvements of paraplegic patients with metastatic spinal cord compression. Most centres for SCI care will treat patients with such pathology. The approach is special and, in several aspects, may be different from management of spinal cord lesions from other causes. This interesting survey details these specific aspects, including the presence or lack of functional improvement, the high percentage of re-hospitalization in another unit, and the shorter survival time of which more than a third is spent in a rehabilitation centre.

One of the rare studies from Africa, so far, has retrospectively reviewed SCI care in 468 cases at Lagos University Teaching Hospital. Obalum *et al.* discovered that 59.9% of the patients who developed complications had bedsores, which illustrates the importance of further study of this aspect of care.

These are just some examples of what this issue offers. You will find the other contributions that are just as important.