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Abstract

**Background & Objective:** Spinal Cord Injury (SCI) has been studied in detail in the Western world and thousands of manuscripts have been published in the last few decades. But this covers only a part of the world population. More than 80 percent of the world's population lives in the developing countries and little is known about SCI form this part of the world to address a prolonged and often permanent disability.

**Methods:** An electronic literature search (1950 -2011, English language only) was performed on major biomedical databases. The keywords used were (but not limited to): epidemiology, spinal cord injury, paraplegia, quadriplegia, disability, developing countries, pressure ulcers, spinal trauma, spinal surgery and rehabilitation.

**Results:** There are no established national trauma or SCI registries in the developing countries. This is complicated by poor record keeping in hospitals. In contrast to the developed countries, falls are more likely etiology with paraplegia being more common at presentation. Pre Hospital trauma care and infrastructure for transport of spinal trauma patients are inadequate in most of the developing countries. In many instances spinal immobilization and log roll is not performed, even by the ambulance staff. There are only few spinal centers established in the developing world catering for a small population. The ones which are available many a times do not have all the members of a standard multidisciplinary rehabilitation team available. The complications profile reported from the developing countries are similar to that of the develop world with notably increased incidence.

**Conclusion:** The demographics, epidemiological pattern of SCI in the developing world is different from the developing world and this should be considered while formulating polices for the SCI in future. Research is sparse and data is missing Potential implications: The high frequency of preventable complications indicates a general lack of awareness in the health care professionals as well as inability of the patients to adhere to a lifelong prevention regime. Data on long term mortality statistics is not available in the literature for the SCI patients in the developing world.

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