

COaT - SCI

A structured scientific register of multimodality treatment and patient management concepts, complications, and outcome of paraplegic syndromes in the long term.

COaT-SCI (Comparative Outcome and Treatment Evaluation in Spinal Cord Injury) is a new register of paraplegic syndromes. A paraplegic syndrome is a complex form of paralysis with complete or partial failure of motor, sensory and vegetative functions below the level of spinal cord injury. Additionally, the patient may suffer from a disturbance of bladder, rectal or sexual function. The cause of a paraplegic syndrome is usually an injury, inflammation, or a tumor. Limitations and complications resulting from a paraplegic syndrome have far-reaching effects on the daily lives of patients and their family members. The disease also poses a challenge for the patient's professional and social reintegration into normal life. The treatment of the disease and its consequential costs impose a significant burden on health care and social systems.

Currently there is a paucity of guidelines or comprehensive clinically tested therapy concepts for the treatment of patients with paraplegia. Given the fact that the condition is quite rare and given its wide variance in terms of types and severity, the body of existing clinical research data concerning paraplegia is scarce. Observational or pilot studies conducted in the last few years have shown that the rate of paralysis-specific complications or pathological sequelae can be reduced by the use of multimodality treatment and prevention concepts.

The aim of COaT-SCI is to conduct a long-term investigation of patients with primary traumatic, inflammatory, or tumor-related paraplegia. From 2015 onward we also investigated patients with all other causes of paraplegia. The course of their management and multimodality treatment concepts used in their routine care were registered systematically and compared with the clinical and sociomedical course of the disease. The period of observation extended from the acute phase to clinical control investigations during the patients' lifelong care. With the aid of the COaT-SCI register we will evaluate therapy strategies comparatively and re-evaluate the course of patient management in terms of its quality and efficacy. Subsequently it may be possible to reduce complications related to paraplegia and achieve a better clinical and sociomedical outcome of treatment for the patients.