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Comment

This study effectively points out that bowel dysfunctions causing fecal constipation and/or incontinence are not only secondary to a spinal cord injury (SCI), but also constitute a major clinical and Quality of Life issue, even after a brain injury in its acute phase. Unlike SCI, where the percentage of patients with no sphincter control remains unvaried, even in later stages, that is during neurorehabilitation and after discharge, in patients with ABI this percentage significantly decreases, as shown in this study, where it drops from 70% at admission to 18% at discharge. Anyway, it is still a considerably high percentage and a more effective therapeutic rehabilitation approach is desirable, if compared, it has to be said, to what is currently proposed for the management of these disorders in our rehabilitation or long-term care units.

The correlation between persistent fecal incontinence and frontal lesion is also very thought-provoking. It is as if patients are losing what they acquired in their first two or three years of life, when they learned to control their pelvic floor and sphincter muscles, so that, with equal efficiency, they can hold the content of bowel and bladder when social conditions requires it, and expel it when they decide to. In fact, it is a complex learning (we learn to walk and talk first!) that is compromised by neurological deficits, ranging from more peripheral lesions (pudendal nerve neuropathies, dyssynergies and pelvic floor myopathies) to frontal lobe impairment, as this study underlines.

The definition of "no sphincter control" according to the FIM Scale, on the basis of which this study was conducted, does not allow a very sophisticated symptom classification: it does not distinguish between defecation which is indeed physiological, but which occurs at an inappropriate time, and fecal incontinence or soiling, and not even between paradoxical diarrhea and colorectal fecal impaction. Therefore, more prospective studies with a significant follow-up are necessary to return data on this issue, which is absolutely critical both from a clinical point of view and in terms of costs for patient care.

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