**Dipartimento di Discipline Chirurgiche, Oncologiche e Stomatologiche (DICHIRONS)**

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<td>06 - SCIENZE MEDICHE</td>
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<td>S.C.</td>
<td>06/E2 – Chirurgia plastica-ricostruttiva, chirurgia pediatrica e urologia</td>
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<td>MED/19 – Chirurgia plastica</td>
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**Sede di svolgimento attività di ricerca:**

Dipartimento di Discipline Chirurgiche, Oncologiche e Stomatologiche (DICHIRONS)

**Sede di svolgimento attività didattica:**

Dipartimento di Discipline Chirurgiche, Oncologiche e Stomatologiche (DICHIRONS)

**Funzioni da svolgere – tipologia di impegno didattico e scientifico:**

Le attività di ricerca sono coerenti con l'attuazione del PNR 21/27: Grande ambito di ricerca: Salute  
Articolazione: Articolazione 2. Medicina rigenerativa, trapianti d'organo ed ingegneria dei tessuti

Upper limb spasticity is a common complication of stroke or spinal cord injuries associated with reduced independence and increased health costs. Conservative treatments vary significantly but are the most used methods worldwide, while spasticity-reducing surgery is still underutilized, also due to a lack of networking between surgery and rehabilitation centers.

This study will focus on the surgical management of patients with stroke or spinal cord injury, affected by upper limb spasticity. Our research hypothesis, based on literature review and preliminary data, is that there is a relevant, underestimated need for upper limb spasticity-reducing surgery in stroke or spinal cord injury and that clinical characteristics and surgical needs and outcomes could vary with spasticity etiology. Also, we hypothesized that surgery can bring long-term active and passive functional improvements and will show a positive impact on both patients’ and caregivers’ quality of life.

We will assess the need for surgery and the outcomes of a surgical treatment of upper limb spasticity after stroke or spinal cord injuries. Also, we will assess histopathologic and immunohistochemical etiology-related differences through muscle and nerve biopsies.

All patients referred to the 3 Research Units following a stroke or spinal cord (complete or incomplete) injury will be evaluated by the hand surgeon of each Research Unit. If indicated, upper limb spasticity-reducing surgery will be proposed and scheduled. A minimum of 100 patients will undergo evaluation by a hand surgeon and a minimum of 30 patients are expected to be enrolled

**Numero massimo di pubblicazioni:**

12

**Competenze linguistiche:**

Inglese