

Editorial

Modern Forms and New Challenges in Medical Sensors and Body Area Networks

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Traditional medical sensors/monitors can measure pressure, airflow, force, oxygen, pulse, temperature, etc. They can continuously measure vital signals and/or repeatedly perform medical tests [1]; help in monitoring for cardiac events [2], hemodynamics, respiration [3], glucose levels, and body temperature; and benefit individuals in long-term care [4] and those with automated insulin pumps [5]. However, a shortcoming is the immobility of some of the large, heavy sensors.

Hence, the patient requirement for portability has popularized the use of portable sensors. Body area network (BAN) technologies utilize low-power wireless gadgets, which are either embedded in or carried on the body [6]. Another advantage of BANs is the location-independent monitoring facility [7]. However, a shortcoming is that they do not offer any view of the inside of the body, meaning that they may not help doctors in situations that require internal examination.

On the other hand, medical imaging sensors—for example, X-ray, magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET), and single-photon emission computed tomography (SPECT)—play an essential role in checking the anatomic structure, functional, and physiological processes of the body. Using medical imaging sensors, doctors can precisely make a diagnosis and recommend complementary treatments for many diseases, such as Alzheimer’s disease [8], brain tumors [9], and other diseases [10], such as alcoholism, COVID-19 [11], etc.

We believe that medical sensors and body area networks complement each other, with the ultimate goal of providing better services for patients and doctors. All related papers with the potential to improve methods in their fields or those that report on recent advances are welcome in the current Special Issue: “Medical Sensors and Body Area Networks”.

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