



Coma: Fact File

ABSTRACT: Some facts related to coma which gives us the prognosis of the case and thus helps in the plan of action required.

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In the first thirty days after injury, if there is absence of opening of the eyes, it is indicative of a poor prognosis.

Outcome, can be associated, with their best response in the first 24 hours after injury. Using the Glasgow Coma Scale research shows that if the best scale is 3 to 4 after twenty four hours, 87% of those individuals will either die or remain in a vegetative state and only 7% will have a moderate disability or good recovery. In patients with a scale from 5 to 7, 53% will die or remain in a vegetative state, while 34% will have a moderate disability and/or good recovery. In patients with a Glasgow Coma Scale of 8 to 10, 27% will die or remain in a coma, while 68% will have a moderate disability and/or good recovery. In patients who have a scale from 11 to 15, only 7% will be expected to die or remain in a coma, while 87% would expect to have at least a moderate disability and/or good recovery (remembering again that this is not an exact science).

Studies show, that a person, is unlikely to gain consciousness, if he remains in a vegetative state for at least one year after injury, although they may live for many years.

Apallic patients are the ones with open eyes but are non-responsive. They can benefit from rehabilitation such as "sensory stimulation" which have been found helpful for patients at the boundary of coma and wakefulness.

The general rule to remember, that regardless of the cause of damages, the more rapid the onset

of the condition, the more severe and wide spread its effects will be.

Factors influencing outcome of severe head injury were accounted for in a recent study. A strong predictive factor for survival involve the pupils. 90% of patients who had bilaterally dilated pupils (not reacting to light) on admission died. 66% of the patients with bilaterally "constricted" pupils at the time of admission died. Only 20% of patients with severe head injury who had normal pupil reaction to light at time of admission died.

Thus this aspect could determine both mortality and outcome of coma.

In the geriatrics, at all levels of head injury, the mortality rate from traumatic brain injury is higher.

Over 40 years of age, post coma, have a poorer rate of recovery

CT OR MRI SCAN

If shows swelling, midline shift and mass lesions may be evidence of a more prolonged coma.

Enlargement of the ventricular system and cerebro atrophy found months after the injury is associated with poor results.

CT scans often fail to show brain stem lesions, deaths have been closely linked to the presence of bilateral pontine lesions.