Apallic syndrome

Apallic syndrome or **vegetative condition** *(now Areaactive Vigilance Syndrome)*[1] (other names are coma vigile or prolonged coma) is a special type of consciousness disorder. It is severe involvement of the cortex or subcortical structures while maintaining the function of the brainstem. This condition is usually irreversible (so-called persistent vegetative condition), but it can also be only transient[2].

Phases of apallic state

- **Persistent vegetative status** – if it lasts longer than **one** month,
- **Permanent vegetative condition** – if it lasts more than **twelve** months after **traumatic** brain injury or more than **three** months after **non-traumatic** brain injury.

Causes

1. Traumatic:

- traffic accidents,
- falls from a height,
- firearm injury.

2. Non-traumatic:

- central nervous system infections,
- cancer,
- Hypoxic-ischemic encephalopathy,
  - circulatory arrest,
  - alcohol poisoning,
  - carbon monoxide poisoning,
- brain malformations,
- late-onset of resuscitation.

Speeches

The patient lies and has open eyes. Involuntary limb movements may occur sporadically. There are usually no escape and defensive movements or reactions to a painful stimulus. Initially, convulsions and sharp movements may occur, and later onward decortication rigidity. The patient has preserved strain functions: circulation, and respiration. The sleep-wake cycle is partially preserved. In the waking state, the patient has open eyes but does not respond to environmental stimuli. Vegetative disorders may occur: sweating, pressure fluctuations and heart rate and respiratory rate. The patient does not change an uncomfortable position and does not have an adequate motor response. Speech is not preserved, the patient makes only random sounds. Primitive reflexes are present, spontaneous chewing, yawning and grabbing grip - an attempt to catch a seen or felt object. There are no cognitive functions present, the patient does not meet the challenges and is unable to communicate, and there is no free activity or behaviour. He is unable to chew or swallow.

Prognosis

It depends on the etiology of the apallic syndrome and the patient's age. Children and adolescents are more likely to recover. Traumatic origins have better prospects of recovery than non-traumatic ones. The prognosis worsens with the duration of the vegetative state. Initially, the brain is severely affected and the patient is unconscious. Gradually, more resistant, phylogenetically older brainstem structures are being restored. Usually, reactions related to livelihood and sexual instinct appear first. Gradually, there may be a complete adjustment of mental functions[3].

Treatment

Medical care

Initially neurointensivist, later it focuses on the treatment of associated diseases. It is lege artis to basify therapeutic procedures after twelve months of apal syndrome and to administer only food, fluids and, if necessary, oxygen or to provide respiratory equipment.

Nursing care

The aim is to satisfy the basic bio-psycho-soc-spiritual needs of the patient. It is essential to involve the patient's family in care. It is necessary to take care of nutrition, defecation, hygiene, comfort, monitor vital functions, administer medication, prevent pressure ulcers, communicate with the patient and stimulate him.

More information here.

Physiotherapeutic care

It includes positioning, passive movements, and orofacial stimulation and can use basal or multimodal stimulation methods.

More information here.

Complications

- Gastrointestinal bleeding,
- Constipation ,
- Pneumonia,
- Atelectasis,
- Tracheal stenosis,
- Bleeding into the urogenital tract,
- Urosepsis,
- Vegetative disorders,
- Epilepsy .

Links

- Assessment of the state of consciousness
- Unconsciousness
- Glasgow Scale of Depth of Unconsciousness
- Basal stimulation
- Multimodal stimulation
- Nursing care for apallic syndrome
- Physiotherapy for apallic syndrome

External links

- Template:Mefanet

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