

Original article:

Study of Clinical Profile and Outcome of Non Traumatic Coma Patients Coming to Pravara Rural Hospital

DR Abhilash Golecha , Dr Mahendra Gondhali*

Department of Medicine, Rural Medical College, PIMS (DU) Loni
Corresponding author*

Abstract

Introduction: Coma refers to a state in which the patient is unable to arouse or respond to noxious stimuli and is completely unaware of self and surroundings. Coma is a relatively common condition in the intensive care unit, mainly divided into traumatic and non-traumatic coma.

Methodology: This was Prospective observational study type done in department of medicine between September 2016 to February 2018. All patients with Non Traumatic Coma were enrolled in the study.

Results: Approximately 5% of the patients present to the emergency department with an altered mental state and 1% of the admissions at the emergency department is due to coma .

Conclusion: This study also concludes that empirically based estimates of prognosis in the neurologically severely ill provides great reassurance to those involved in a decision making process, including patients, families and physicians. Knowledge of potentially favourable outcome greatly improves the morale and associated level of care on a cost effective basis.

Introduction:

Coma refers to a state in which the patient is unable to arouse or respond to noxious stimuli and is completely unaware of self and surroundings. Coma is a relatively common condition in the intensive care unit, mainly divided into traumatic and non-traumatic coma. Non-traumatic coma is an important emergency condition. Aetiology of coma and clinical status at the time of presentation are likely predictors of any outcome. Coma is a serious condition requiring immediate medical decision making upon arrival at the emergency department or intensive care unit (ICU). As coma can originate from many different etiologies and is life threatening, it represents a challenge for emergency or critical care physicians. The neurological assessment was done using James's Modified Glasgow coma scale, brain stem responses (pupillary size and response to light, posture, response to pain, oculocephalic reflex), Motor pattern (recorded by subjectively assessing the passive tone), Extra ocular movements, Corneal reflex, Seizures if any, types of seizures, Involuntary movements and Fundus examination. With this view present work was planned to study Clinical profile and outcome of Non-Traumatic Coma patients in Pravara Rural Hospital.

Methodology

This was Prospective observational study type done in department of medicine between September 2016 to February 2018.

All patients with Non Traumatic Coma were enrolled in the study.

Inclusion Criteria:

- A. All the patients of non traumatic coma coming to pravara rural hospital
- B. Patients above 13yrs of age
- C. Either gender
- D. Guardian ready to give written consent

Exclusion Criteria

- A. Patients of head injury.
- B. Patients having history of majoy psychiatric illness.
- C. Patients of non traumatic coma with history of any congenital malformations.

Results:

Table No 01: Age wise distribution of the patients

S. No.	Age groups (Yrs.)	Total (%)
01	≤ 30	05 (20.8%)
02	31-60	08 (33.3%)
03	≥ 61	11 (45.8%)
	Total	24 (100%)

Approximately 5% of the patients present to the emergency department with an altered mental state and 1% of the admissions at the emergency department is due to coma .

Discussion:

Coma is a state of unarousable unconsciousness without any psychologically understandable response to external stimuli or inner need. The patient may appear to be asleep but is incapable of responding normally to external stimuli other than by showing eye opening to pain, flexion or extension of limbs to pain, and occasionally grunting or groaning in response to painful stimuli. It occurs when there is damage to the reticular activating substance in the upper midbrain or its projections, bilateral damage to large areas of the cerebral hemispheres, or suppression of reticulocerebral function.¹ Non-traumatic coma is among the most challenging problems faced by the physician. Non-traumatic coma is caused by a wide variety of conditions, some of which are more common than the others. Some of the causes of non-traumatic coma are cerebrovascular accidents, drug intoxication, metabolic disturbances, post-seizure states, status epilepticus, meningitis, encephalitis, brain tumour, brain abscess.¹

Coma, without a history of a traumatic event, is an accompanying feature of many different conditions, such as cerebrovascular accidents, severe sepsis, poisoning, and hepatic encephalopathy. These conditions or the coma resulting from them, can be fatal if they are not detected or treated adequately. A better understanding of causes and outcome is essential to help plan rational management of non-traumatic coma. Therefore this study aims at learning the clinical profile, aetiology of non-traumatic coma and immediate outcome in terms of survival and death.

Conclusion:

This study also concludes that empirically based estimates of prognosis in the neurologically severely ill provides great reassurance to those involved in a decision making process, including patients, families and physicians. Knowledge of potentially favourable outcome greatly improves the morale and associated level of care on a cost effective basis.

References:

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