SOME ASPECTS ON THE REHABILITATION OF SEVERE BRAIN INJURED PATIENTS (TRAUMATIC APALLIC SYNDROME)

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Long - term survial after severe head - brain injury is not uncommon in these days, when intensive care prevents patients from dying within the first days. During these days it is difficult or impossible to identify the future state of a patient and the development of an apallic syndrome can not be excluded. The explanation of these difficulties lies in the pathological basis of the posttraumatic comatose state, which usually consists of badly damaged cerebral hemispheres combined with brainstem lesions of different degree, that are clinically well determined by the different stages of the acute traumatic secondary midbrain syndrome. Some of these patients take evolution to the apallic syndrome. The transition stage to the apallic syndrome and the full stage of the apallic syndrome are characterized by the onset and persistence of an overactivity of the sympathetic nervous system leading to marasm and severe tertiary peripheral and central nervous lesions despite high caloric nutrition. The suppression of this catabolic drive by treatment with bupranolol and debrisoquine is one of the most important therapeutic steps at this stage. There is certainly an impact of beta blocking agents on the lipid and carbohydrate metabolism, but the influence on proteins is doubtful. Therefore human growth hormone (HGH) was thought to be of additional value in these patients. Because of the high costs and the limited amount of HGH available, HGH should only be given in patients, when arginin stimulation fails to show an increase of HGH. Besides this treatment with medicaments early physicotherapy should be started to complete the first step of early rehabilitation.

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