

REMISSION-STAGES OF APALLIC SYNDROME

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Description:

According to Gerstenbrand apallic syndrome is a state of „chronic“ decerebration following an acute or subacute cerebral trauma, with functional blocking of the cortical-subcortical, diencephalic and mesencephalic structures. The functional dysfunction allows us to consider the condition as reversible and therefore subject, in some cases to remission.

Acute mesencephalic syndrome following trauma or other conditions may develop into apallic syndrome characterized by disturbances of wakefulness. The patient is no longer conscious of himself or his surroundings and although he seems to be in a state of wakefulness he has developed a sleep-wakefulness cycle not regulated by the nyctohemeral cycle.

Methodology:

The apallic syndrome can be differentiated between an initial stage, a transitional stage and the stage of remission including eight phases. The first four phases occur in a consistent sequence, the further four phases are influenced by local primary and secondary traumatic damages that depend on the direction as well as the intensity of the violence that the skull is exposed to.

The sign of the first phase during the course of remission is the subsidence of the coma vigil including the beginning of a rhythm of sleeping times and waking states due to daytimes as well as making contact with the environment (focussing and following with the eyes) and the reduction of the motoric primitive shapes. This is followed by a Klüver-Bucy-Symptomatic which also influenced the further two phases and turns into a Korsakow-Symptomatic. This again is followed by an amnesic phase and a phase of a psycho-motoric syndrome. Local and diffuse brain damages of the first, second and third etiology as well as complications (contractures, ossifications etc) mark the defect stage.

Conclusion:

The knowledge of the process of remission is important for the individual program of treatment as well as for the prognostic assessment.

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