P0485 The Stage of Remission in the Traumatic Apallic Syndrome – Traumatic Vegetative State

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Background: Resulting from various literary notes on problems concerning the apallic syndrome and the vegetative state it can be concluded that this is about an integrated illness. 60% of all patients suffering from a traumatic apallic syndrome (traumatic vegetative state) will be entering a stage of remission that can lead to a reintegration of the patient in about 30% of all cases.
Summary points: The traumatic 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 vigile including the beginning of a rhythm of sleeping times and walking 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 amnestic phase and a phase of a psychomotoric syndrome. Local and diffuse brain damages of the first, second and third etiology as well as complications (contractures, ossifications etc) mark the defect stage.
The knowledge of the process of remission is important for the individual program of treatment as well as for the prognostic assessment.

P0486 Epidemiological Aspects of Head Trauma in Patients Admitted at a Neurology Intensive Care Unit

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Background: Head trauma (HT) is one of the most common cause of death in young people. The intensive approach to the care of these patients has been associated with a reduction of mortality and morbidity which appear attributable to the early clinical and surgical management.
Objective: To evaluate the epidemiological characteristics of patients with head trauma and its possible prognostic implications.
Methodology: A retrospective study was performed based on the analysis of medical records from 35 patients treated at the Neurology Intensive Care Unit. Age, gender, Glasgow Coma Scale (GCS) graduation on admission, HT presentation, history of alcohol and/or drug use, presence of nosocomial infection, and evolution were the studied parameters. The data were submitted to statistical analysis.
Results: A marked predominance of males (82.9%) between 13 and 44 years (68.6%) was seen. GCS was below 8 in 31.4%. In 51.4% of patients the head injury was a single lesion, and 11.4% showed multiple trauma. HT manifestations were mixed in 37.1%. Hematomas as single lesions were seen in 22.9%. Contusions occurred in 14.3%, skull fracture and brain oedema, in 11.4%. Previous history of alcohol and/or drug use was related in 45.7% of patients. Surgery was performed in 85.7%. Nosocomial infection was detected in 74.3%, with a predominance (84.6%) of pulmonary infection. The most frequent infectious agent was Staphylococcus aureus in 31.4% of patients. The evolution was satisfactory in 40.0% of the patients, sequelae were seen in 31.4%, and death occurred in 14.3%.
Conclusion: Men at their most productive age are the most affected and frequently are under the effect of alcohol and/or drugs. The association of multiple clinical manifestations are frequent. Nosocomial infection is common. Even so, a high percentage of patients survive with no sequelae. These local data confirm findings in literature.

P0487 Effects of Carbamazepine on the Treatment of Parosmia and Other Olfactory Disorders

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It was suggested in a few studies that antiepileptic drugs might have effect in treatment of parosmia and other olfactory impairments.
Study was conducted on 37 patients (20 male and 17 female), ranged 17–70 years, (mean age 49,9) with spontaneous unpleasant parosmia and different olfactory disturbances. Trauma (head and/or face injury) in 16 cases, upper respiratory infection and chronic nasal and paranasal sinus disease in 18 cases and toxic exposure in remaining 3 cases were identified as etiology of olfactory impairment.
The modified Munchen's Olfactometric test was used. Odor perception, olfactory identification by naming, multiple choice recognition and short-term memory of 15 odorants are tested. Trigeminal irritants were excluded. Carbamazepine (CBZ) was administered in a daily oral dose of 10–20 mg/kg/bm in 22 patients during 4–12 months (mean 7,6 months). Olfactometric retests were performed during therapy after 4, 8 and 12 months respectively. The results were compared with 15 CBZ-untreated patients.
Bilateral anosmia was confirmed in 13 cases. In a subgroup of 24 patients difficulties of olfactory identification by naming, odor recognition and short-term memory of olfactive stimuli were observed. Improvement of olfactory functions was noted in 13 of 19 patients (posttraumatic in 6 and post-infective impairment in 7) and 5 of 15 who were not treated with CBZ. No EEG abnormalities were recorded. Serum CBZ levels ranged from 3,2 to 6,8 ug/ml. There were no serious side effects of CBZ, except in two patients presenting drowsiness. Olfactory perception was regained in 8 of 13 patients with anosmia, including two patients with posttraumatic anosmia. There was no response on CBZ treatment in patients with anosmia due to the toxic exposure.
Treatment of olfactory impairment is still a challenge. We reviewed possible favourable effects of CBZ in therapy of different causes of anosmia and olfactory dysfunctions of various etiology. Olfactory restitution was long-term and stable after the drug discontinuation for 3–24 months follow-up period.

P0488 Quality of Life in Post-Traumatic Subarachnoid Hemmorrhage

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In the attempts of recuperation following cranio-cerebral trauma the improvement of quality of life is an important desiderate.
The study was made on 20 patients aged 17–62 years with the diagnosis in whom the neurologic and neuroimagistic examinations (computer tomography-CT- and nuclear magnetic resonance) revealed no focal cerebral injuries.

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