

PERSISTENT VEGETATIVE STATE versus APALLIC SYNDROME, a comparison of two entities

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The first case with symptoms of an apallic syndrome was reported by Rosenblath in 1899. The original description of apallic syndrome based on the history of two patients including remission was published by E. Kretschmer in 1940. Gerstenbrand analyzed 74 patients with apallic syndrome in 1967, of whom 38 showed a remission, in 13 cases a resocialization was observed. Apart from the clinical course, and neuropathological findings, pathophysiology and therapy were published 1977 in a monography based on the „ Verona Symposion “ on apallic syndrome (G. Dalle Ore, F. Gerstenbrand, C.H. Luecking, G. Peters, U.H. Peters). All later publications confirmed the original concept, that the apallic syndrome is a functional failure of the cerebral functions while brain stem functions are maintained. Only in a few cases with apallic syndrome a severe morphological lesion of the brain is found, these suffer from chronic apallic syndrome/persistent vegetative state.

In 1972 Jennett and Plum wrote a paper on persistent vegetative state, which they called „a syndrome, in search of a name“. The authors did not focus on the description of the clinical course, but on the disinhibition of the vegetative functions without chances of remission. After having observed several patients a revision was necessary. Therefore the term „persistent“ had to be deleted.

There are two different ways in which the apallic syndrome as well as the vegetative state may develop depending on whether the origin is an acute incidence (traumatic, hypoxic, encephalitic, etc.) or a progressive condition (Creutzfeldt–Jacob disease, Huntington's chorea, AIDS, etc.). Patients who fell into the apallic syndrome/vegetative state after an acute incidence may undergo remission, 35% of them can be resocialized, 20% remain permanent (chronic apallic syndrome/persistent vegetative state).

All patients with an apallic syndrome/vegetative state need consistent modern treatment as everyone of these could expect full remission.



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