Министерство здравоохранения и социального развития
Российской Федерации

Российский научно-исследовательский нейрохирургический институт

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Ministry of Health of Russia

Russian Polenov Neurosurgical Institute

Case history №3207
Patient Zhivetev Konstantin Jurevich (6/24/1983)
EU Estonia, Narva
Anamnesis: 10.04.10 sank in cold fresh water (duration is unknown). The resuscitation had been started at once on a place. By the time of arriving of paramedics the patent was still unconscious, resuscitation was continued (the general duration was about 50 min). Further treatment was provided in clinics of Estonia.. The patient had transferred hemolysis with consequent acute renal insufficiency , sepsis, aspiration pneumonia.
Symptomatic epilepsy was diagnosed. The patient , received combined therapy ("orferil"and "convulex").
23/11/10 the patient was transported to Russian neurosurgical institute of prof.A.L.Polenov for further examination and treatment with the diagnosis: posthypoxemic encephalopathy. persistent vegetative state.

Vital functions were compensated. Breathing through tracheostomic canulla. Food through a probe. The central venous catheter was absent.
Small consciousness. Productive contact was impossible, laid with eyes open, the dream/wakefulness periodization was kept. Tried to translocate/fix a sight. Pupils D=S, photoreactions were kept. Movement of eyeballs were difficult to estimate. Corneal reflexes were kept. Pharyngeal reflex of average vivacity, caugh reflex satisfactory. Tetraparesis. The muscular tone was 4 points by Ashfort-scale. Contractures in the elbow and wrist joints, contractures in knee joints. Periostal reflexes were reinforced S> D, pathological flexor reflexes were observed.

Examinations:

EEG with pharmacological tests(seduxenum)-. moderate reorganization of a pattern as acceleration. From 24.11.10 according to results of the test the patient was prescribed seduxenum 7,5 mg twice a day,
Ultrasonic examination of veins: blood clots were not revealed.
25.11.10 in order to correct the muscular tone, contractures the patient received the injections of botulotoxinum 500 UNITS(m biceps, m brachioradialis, palmaris longus, flexor digit superfacialis, m lumbricalis, m flexor carpi radialis,m. masseter).
MRI(3,0 Tesla) 30.11.10 – postischemic changes in both big hemispheres. An open replaceable hydrocephaly. Platybasia with considerable reduction of kranio-vertebral corner. Moderate fall of fractional anisotropy of a calloused body with pauperization of its conductors .
04.12.10 **Electro-neuro-myography** -polyneyropathy of critical conditions.
Nephrologist 03.12.10: Chronic cystitis, chronic pyelonephritis. From 03.12.10 received Tavanik of 500 mg per day during 5 days.
Computer tomography - lungs 06.12.10: Pleura-diaphragmal soldering in the bottom share of the right lung. Local pneumosclerosis S9-S10 of the right lung.
06.12.10 Decanullation.
17.12.10 Bronchoskopy. No pathological changes revealed.
Positron-emission tomography - 08.12.10: Significant hypometabolism of glucose in a medial cortex of parietal shares and back half of cingular zones according to area of changed MRI signal. Glucose

hypometabolism in convexital cortex of the left parietal, temporal, occipital and frontal shares, and also in the right parietal shares. Glucose hypometabolism in cerebellum.

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13.12.10 **operation**: Installation of artherial microcatheter into the left carotid arthery for prolonged intraartherial infusion of vasoactive and neuromediatory drags.

Duration of infusion was 7 days. Positive dynamics in a clinical picture (smiling, laughing), and according to EEG (elements of alpha activity) were obserwed.

Positron-emission tomography 22.12.10. Absence of dynamic.

During period of supervision a moderate positive dynamic was observed

- episodes of contact,
- emotional reactions on relatives, TV viewing
- expansion in volume of movements in large joints,
- expansion of spontaneous activity.

At the present time the conscious level is small consciousness, the leading neurologic syndroms are spastic tetraparesis, polyneuropathy of critical stages

Nevertheless, on a data set, there is an impression that in structure of long infringement of consciousness, there is some functional component (a pathological dominante). That is why further medical-rehabilitation actions could be productive.

The head of the intensive care department
.Prof. Kondratev A.N.

Neurosurgeon
Kiselev V. S.

Neurologist
Kondratev S.A.