

Etiological Profile of Non-Traumatic Coma and Role of GCS in Predicting the Outcome of Non-Traumatic Coma in Pediatric Age Group

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Abstract

Background: Acute non-traumatic coma is a common problem in pediatric practice accounting for 10-15% of all hospital admissions and is associated with significant mortality. Assessment of the severity of coma is essential to comment on the likelihood of survival in comatose children. **Objectives:** To assess outcome in a pediatric non-traumatic coma with the role of the Glasgow Coma Scale and Modified Glasgow Coma Scale. **Methodology:** N=80 cases of non-traumatic coma aged from 1 month to 12 years, coma severity was assessed by using the Modified Glasgow Coma Scale. A score of less than 8 and more than 8 was used for the analysis of the outcome. **Results:** Out of 80 cases, n=8 cases expired (10%), n=4 cases were discharged against medical advice (4%), n=68 cases were improved and discharged (85%), among these, n=8 cases were discharged with complication (11.7%). Overall mortality was (10%) (8/80), males outnumbered females in frequency with a ratio of 1.28:1. CNS infection accounted for almost about 66%. **Conclusion:** Children with GCS and MGCS scores of less than 8 have a poor prognosis and a very high probability of death. Those with a GCS score of more than 8 have a good prognosis. Identification of these cases at the outset can help prepare the treating physician to plan critical care referrals and to give a preliminary assessment of the outcome to the family.