

mechanisms predominated with the sparkling fluid consistency (80% of tested patients). The swallowing test under endoscopic control highlighted, regardless of consistency, a disorder of the coordination of swallowing, mostly importantly, in 55.6% of patients tested. Seven (63.6%) of patients resumed oral feeding within an average of 6 weeks after admission and 14 weeks after acquired brain injury, with continued need for solid and liquid textures suitable for 6 (85.7%) of them. It did not occur complications related to swallowing disorders during the study.

**Conclusion** Swallowing disorders are systematic in severe brain injury in the arousal stage. Early bedside assessment of swallowing is essential to detect and propose a rehabilitative medical care appropriate to these patients in a state of altered consciousness.

**Keywords** Swallowing disorders; Disorders of consciousness; Severe acquired brain injury

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#### Medicosocial outcome after admission in post-intensive care unit at PRM St-Hélïer, Rennes



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**Introduction** Post-Intensive Care Units (PICU) are PRM structures aiming to start the appropriated rehabilitative care as early as possible even though persistent complex medical issues.

**Objective** To assess medicosocial outcomes of patients away from their admission in PICU.

**Methods** A retrospective descriptive study that included 81 consecutive patients (mean age 51 years) admitted from 2008 to 2012 in the PICU of Pôle St-Helïer Rennes based on called semi-structured interviews between March 2014 and March 2015. Exhaustive data (only 4 lost, 5%) by the patient himself and/or a member of family on autonomy, place of life, structures since the release and reintegration, of patients for 85% of them brain damaged.

**Results** There is 29% (21/77) of death (post-exit life: 1.6 years  $\pm$  1.18). Eighty percent live at home (46/56) of which only 5 without family environment, 10% (5/56) in medicosocial structures (foster or nursing homes...), 10% in hospital (hospital at home, persistent vegetative units...). Fourteen percent (8/56) are completely autonomous and work, all with adaptations. Twenty-three percent (13/56) had a significant dependence for activities of daily life and instrumental ones. Forty percent (22/56) have no hobby. Use of different downstream structures, long-term readaptative monitoring, legal and families' feelings were also analyzed.

**Discussion and Conclusion** Medical and social outcome of patients in the aftermath of a stay in PICU is disparate, depending on the pathology involved, but also the pre-social situation that seems to be the main predictor of returning home. Most patients have regained a relatively large autonomy for the daily life activities but are embarrassed to complex instrumental activities impeding social inclusion. These results are consistent with those of the literature on head trauma patients but no other study has focused for the moment on the specific population of patients admitted to the PICU. We see the value of such early rehabilitative care units with a real impact on the subsequent independence and opportunities back home.

**Keywords** Social outcome; Post-intensive care; Participation; Brain injury

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

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### Posters

#### P033-e

#### Cerebral diffusion tensor imaging, awakening, consciousness recovery prognosis in comatose patients and physical and rehabilitation medicine: A case report



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**Introduction** Evolution of comatose patients can be made either towards a persistent vegetative state (or unresponsive wakefulness syndrome—UWS), minimally conscious state or a recovery of self and environment awareness. Investigations remain insufficient to estimate the prognosis and optimize the orientation and long-term follow-up of these patients in physical and rehabilitation medicine (PRM). Multimodal magnetic resonance imaging (MRI) are being evaluated for the diagnosis and prognosis of altered consciousness states [1,2]. Diffusion tensor imaging (DTI) could predict the mid-term evolution within a 95%-specificity.

**Case report** A 29-years-old woman gives birth by vaginal delivery (pre-eclampsia) with the onset of a HELLP syndrome. At 4 A.M., comatose state (GCS: 3/5). TDM showed a parenchymal pontine and midbrain hematoma. No sign of awakening. The brain MRI (M3) showed atrophy (pons, midbrain, and middle cerebellar peduncles). DTI sequence with tractography shows a complete interruption of the left corticospinal tract as well as a rarefaction of inferior cerebellar peduncle fibers. The patient occasionally opens her eyes, without eye-tracking or other awakening sign (M10). The question then arises of the orientation of this patient in a persistent vegetative states unit and the future taking care by PRM team.

**Discussion** DTI MRI with measure of anisotropy fraction could be a promising tool in order to predict the prognosis of altered consciousness states and optimize the orientation and long-term follow-up of these patients in PRM.

**Keywords** Coma; Awakening; MRI; Diffusion tensor imaging

**Disclosure of interest** The authors have not supplied their declaration of conflict of interest.

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#### Further reading

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