A young man was resuscitated from a deep comatose state following unobserved cardiac arrest. Head CT done a few hours later revealed bilateral basal ganglia hypodensities, suggestive of hypoxic-ischemic brain damage (figure 1). Six months post-resuscitation, the patient had spontaneous eye movements, chewing, and yawning, but no purposeful movement on verbal or visual stimuli. Repeat head CT (figure 2) revealed grossly shrunken residual brain parenchyma, correlating with clinical picture of persistent vegetative state, a term introduced by Jennett and Plum to describe a state of continuing “wakefulness without awareness.”¹ The common causes of persistent vegetative state include head injury and hypoxic ischemic damage.²

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Disclosure: The authors report no conflicts of interest.
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