Results and statistics

Table 17: Distribution of gender among studied samples:

Variable	No (N= 145)	% (100.0)
Gender		
Male	73	50.3
Female	72	49.7

This table shows that the study was done on 145 cases of patients 73(50.3%) were males and 72 (49.7%) were females.

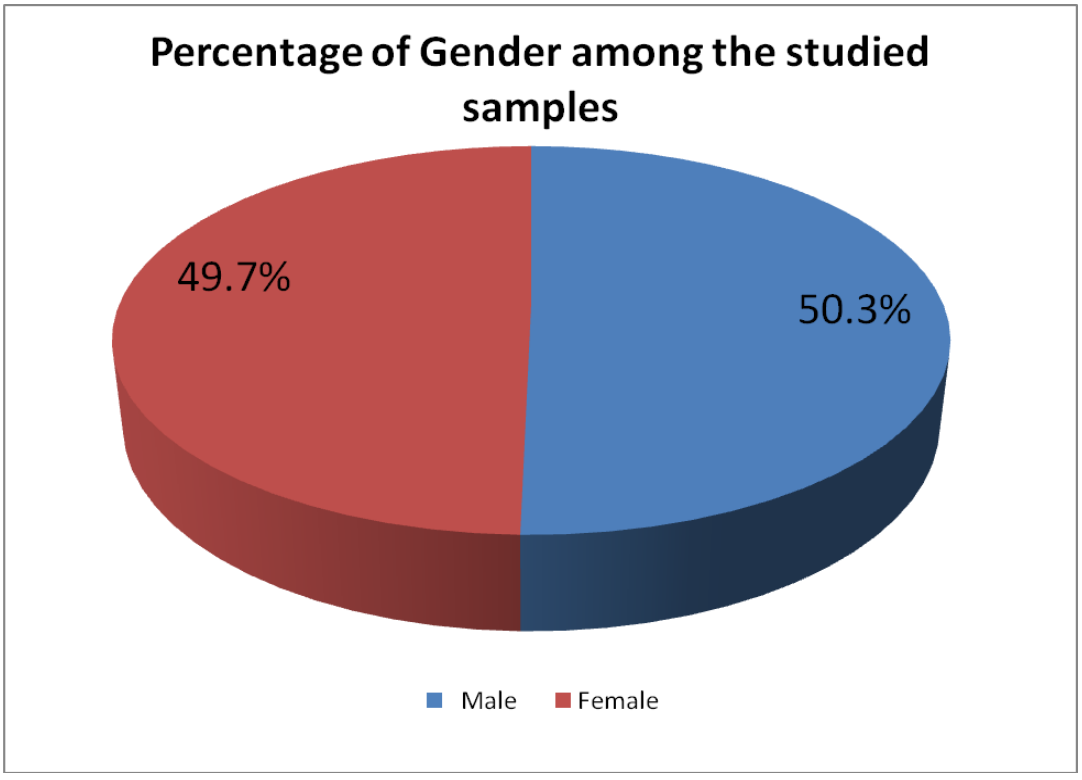

Figure (2): Percentage of gender among the studied sample

Table 18: Distribution of age among studied samples:

Variable	Results
Age	
Mean ± SD(in months)	18.3 ± 20.8
Median	10 months
Range	1 Month. – 144 months
Inter quartile range (in months)	5.5 - 24 months

Patients' age ranged from 1 month to 144 months (12 years) with median 10 months .The mean age for admitted cases was 18.3 ± 20.8 months.

Table 19: Distribution of Duration of stay among studied samples:

Variable	Results
Duration of stay	
Mean ± SD (in days)	7.5 ± 6.1
Median	6 days
Range	1 day – 42 days
Inter quartile range (in days)	4 – 9 days

Patients' duration of stay ranged from 1 day to 42 days (6weeks) with median 6 days .The mean duration of stay for admitted cases was 7.5 ± 6.1 days.

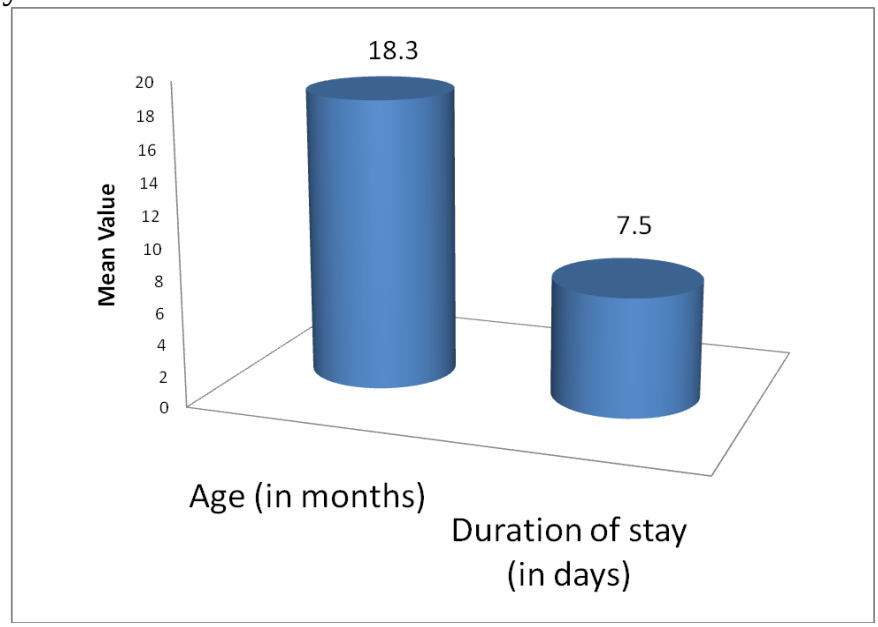

Fig (3): Age and Duration of stay among the studied sample

Table 20: Distribution of coma cases among studied samples:

Variable	No (N= 145)	% (100.0)
Incidence of coma	25	17.2
Incidence of no coma	120	82.8

This table shows that 25 (17.2%) cases admitted to PICU were coma cases while 120 (82.8%) cases were not coma cases

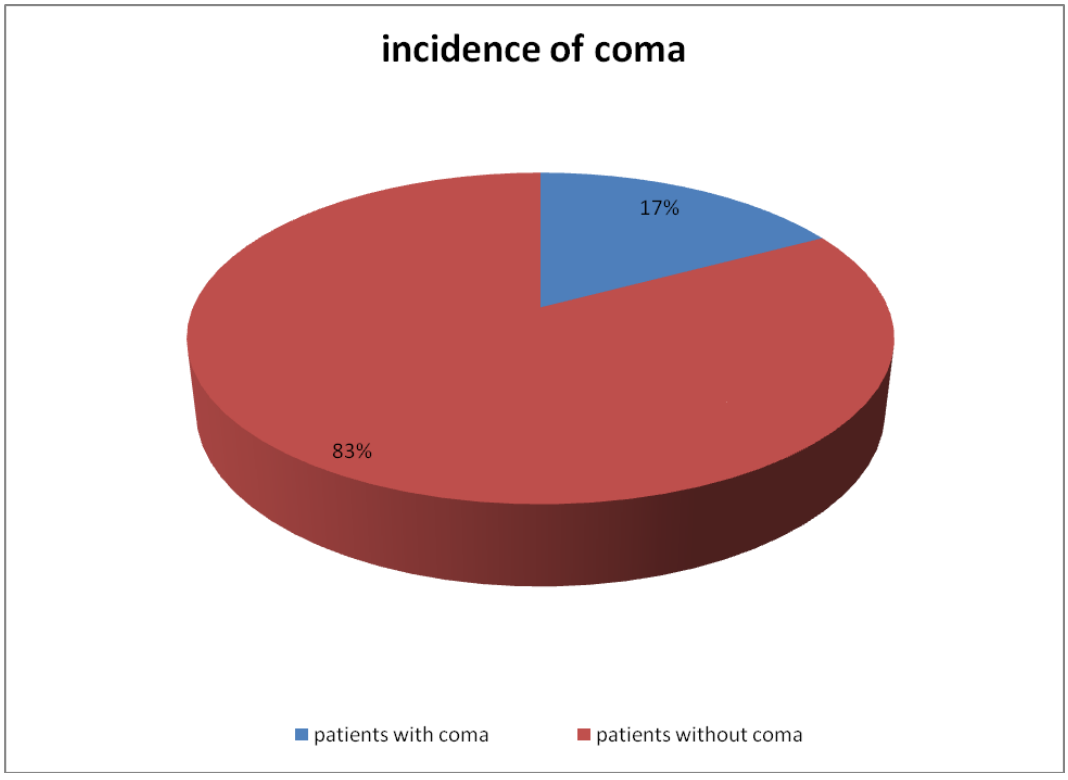

Figure (4): Percentage of coma cases admitted to PICU

Table 21: Distribution of coma cases admitted to PICU by Murray's scale:

Variable	No (N= 145)	% (100.0)
Murray's Scale cases	1	0.7%
Non Murray's Scale cases	144	99.3%

This table shows that one case was admitted according to Murray's scale represent 0.7% of the cases admitted in PICU.

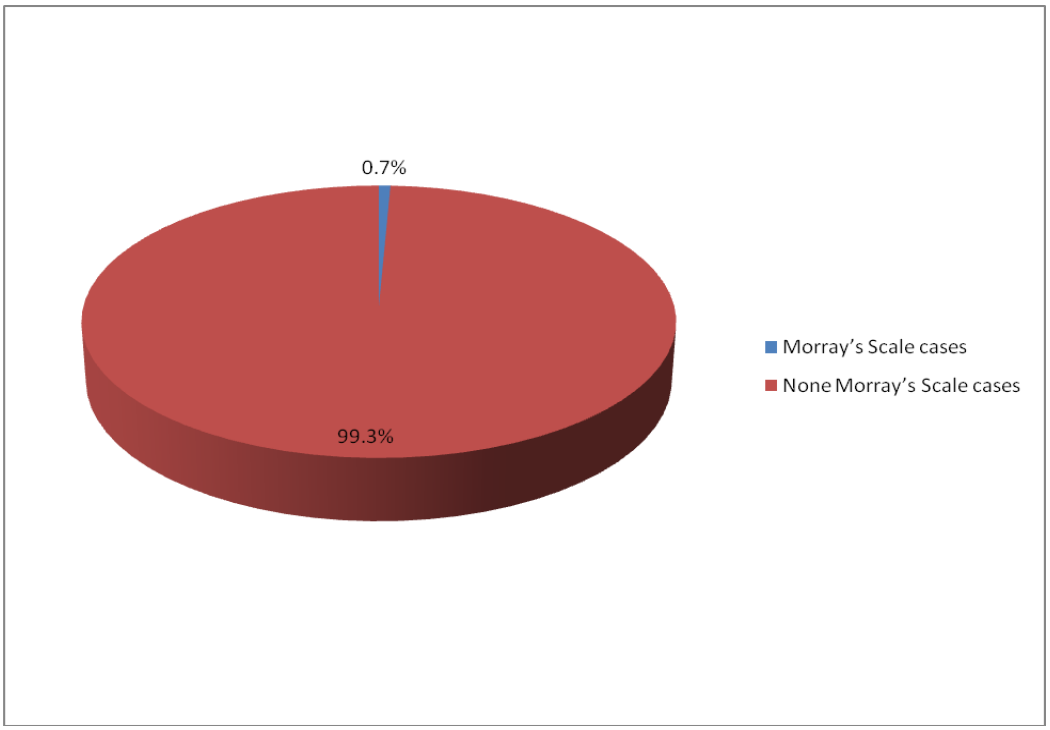

Fig (5): Percentage of Murray's scale cases admitted

Table 22: Distribution of gender among coma cases:

COMA Variable	No (N= 25)	% (100.0)
Gender		
Female	10	40.0
Male	15	60.0

This table shows that males were 60% of coma cases admitted to PICU while females were 40% of the coma cases.

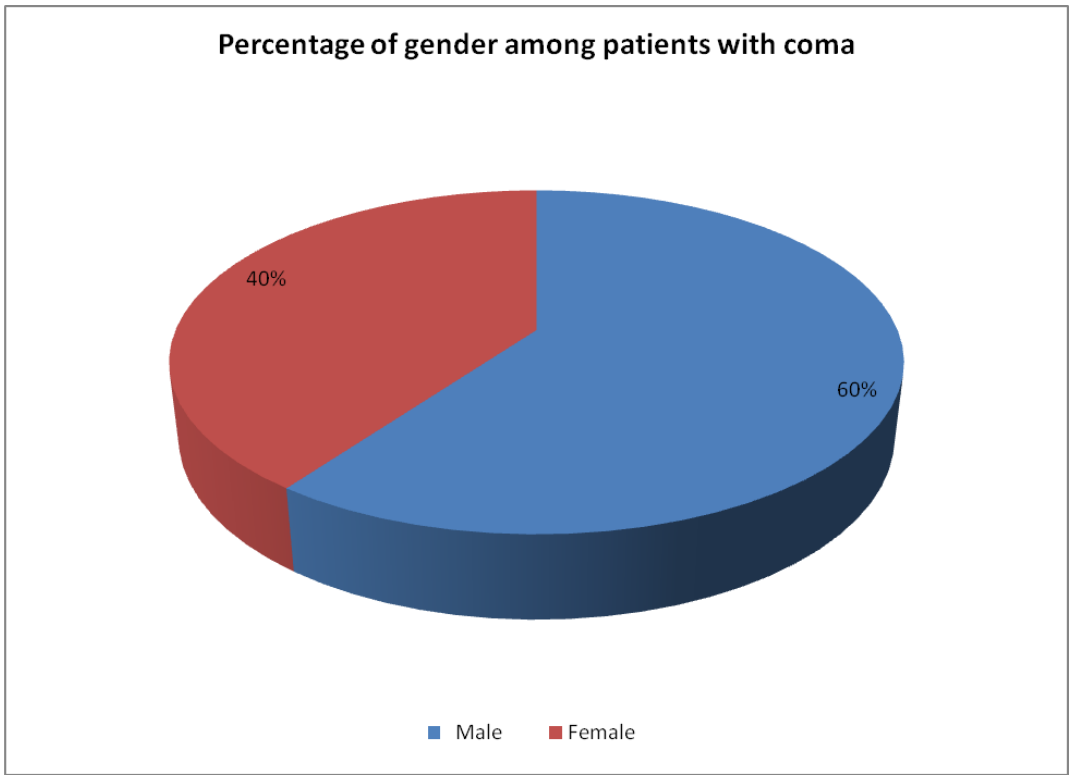

Figure (6): Percentage of coma cases by gender

Table 23: Distribution of age among coma cases:

COMA Variable	Results
Age	
Mean ± SD(in months)	17.5 ± 19.5
Median	9 months
Range	1.5 – 72 months
Inter quartile range (in months)	3 – 24

Coma Patients' age ranged from 1 month to 72 months (6 years) with median 9 months .The mean age for admitted cases was 17.5 ± 19.5 months

Table 24: Distribution of duration of stay among coma cases:

COMA Variable	Results
Duration of stay	
Mean ± SD(in days)	12.5 ± 12.4
Median	10 days
Range	1 day – 42 days
Inter quartile range (in days)	3 – 14

Patients' duration of stay ranged from 1 day to 42 days (6weeks) with median 10 days .The mean duration of stay for admitted cases was 12.5 ± 12.4 days

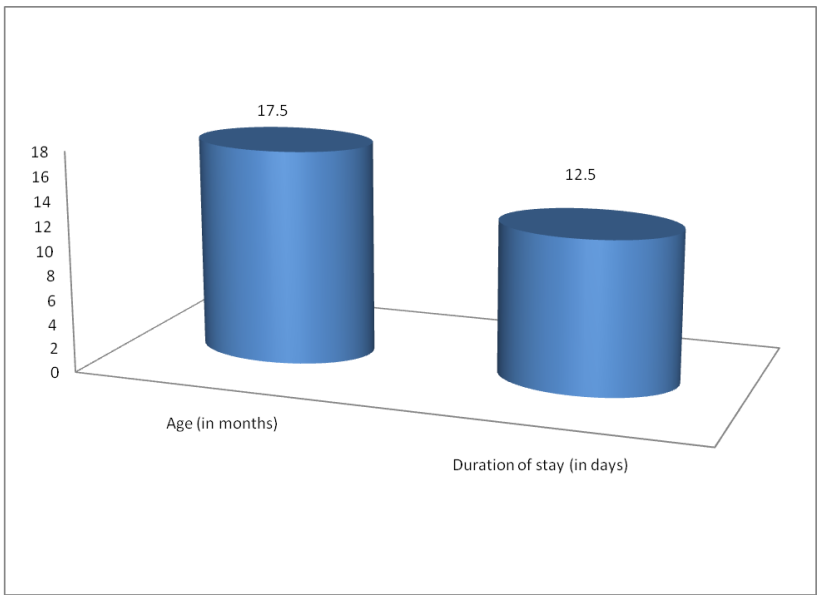

Figure (7): Age and Duration of stay among the studied cases

Table 25: Comparison between the two groups regarding age and duration of stay:

Variable \ Group	With coma (N= 25)		Without coma (N= 120)		*t*	*p*
	Mean	**SD**	**Mean**	**SD**		
Age (in months)	17.5	19.5	18.5	21.1	0.23	>0.05
Duration of stay (in days)	12.5	12.4	6.5	2.9	-2.4	<0.05

This table shows us that average age of coma patients is 17.5 months while patients without coma had average of 18.5 months and the average duration of stay of coma patients were 12.5 days but patients without coma had 6.5 days stay in PICU.

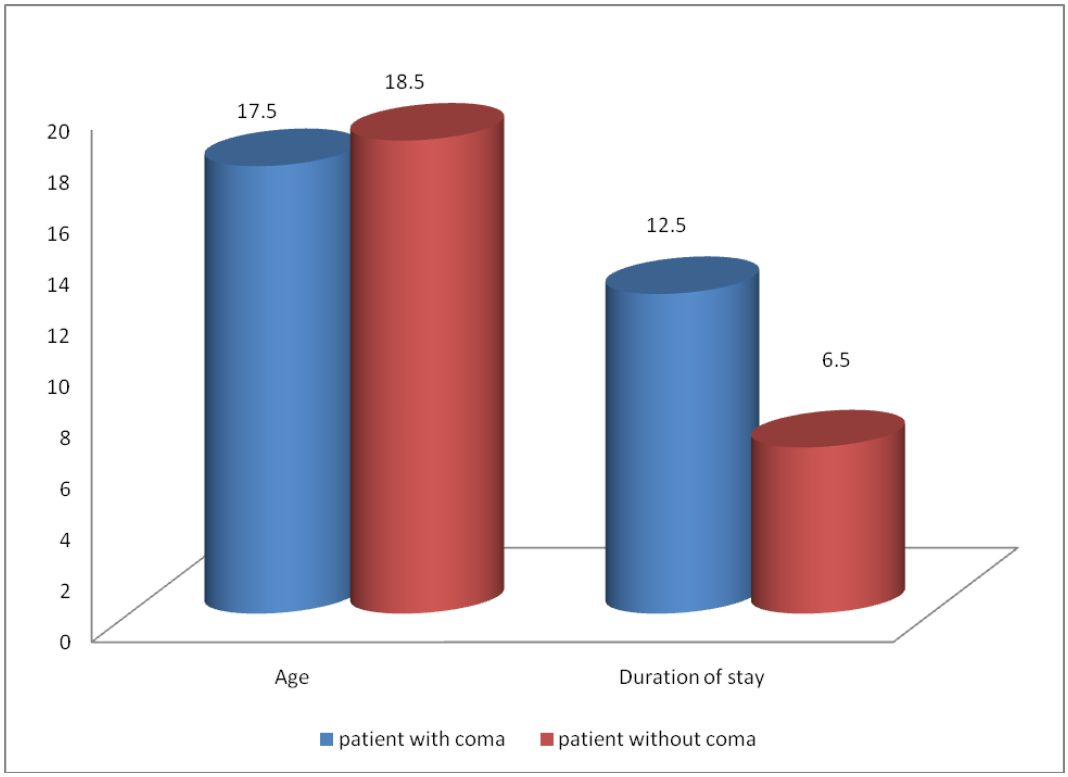

Figure (8): Comparison between the two groups regarding age and duration of stay

Table 26: Distribution of the group with coma according to type of coma:

Coma type	No	%	Z	*p*
Traumatic coma	8	32.0	3.7	<0.001
Non traumatic coma	17	68.0		
Total	25	100.0		

This table show us that 8 (32%) cases represent Traumatic coma while non Traumatic coma cases are 17 (68%) of the coma cases admitted at PICU

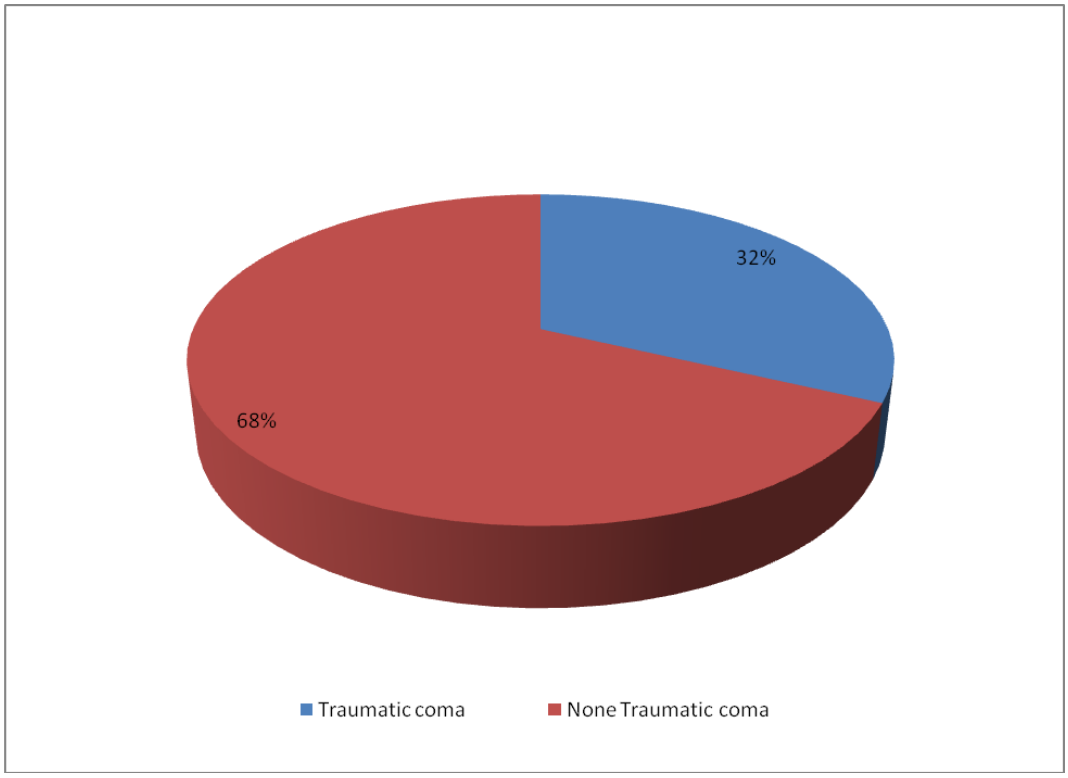

Figure (9): Percentage of Traumatic coma cases and none traumatic coma cases

Table 27: Distribution of the group with coma according to diagnosis:

Diagnosis	No	%
DKA	2	8%
Encephalitis	8	32%
Head trauma	4	16%
Milk aspiration	1	4%
Pneumonia	6	24%
Poly trauma	4	16%
Total	25	100.0

This table show us that Encephalitis was the highest diagnosis of coma causes 8(32%) and milk aspiration was the lowest 1 (4%) of coma causes

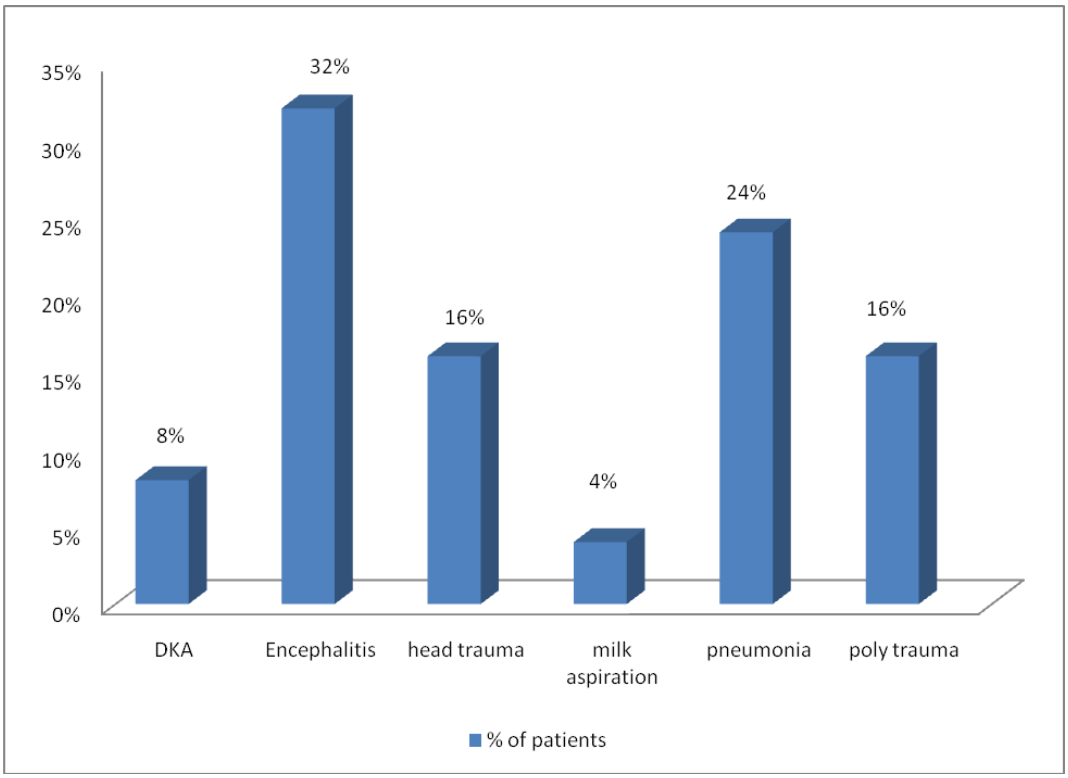

Figure (10): Percentage of different types of coma causes

Table 28: Distribution of the group with coma according to outcome:

Outcome	Frequency	Percentage
Died	7	28%
Improved	10	40%
Pass with Sequeale	8	32%
Total	25	100.0

This table shows that 7 (28%) coma cases died while 10 (40%) patients improved and 8 (32%) pass with Sequeale.

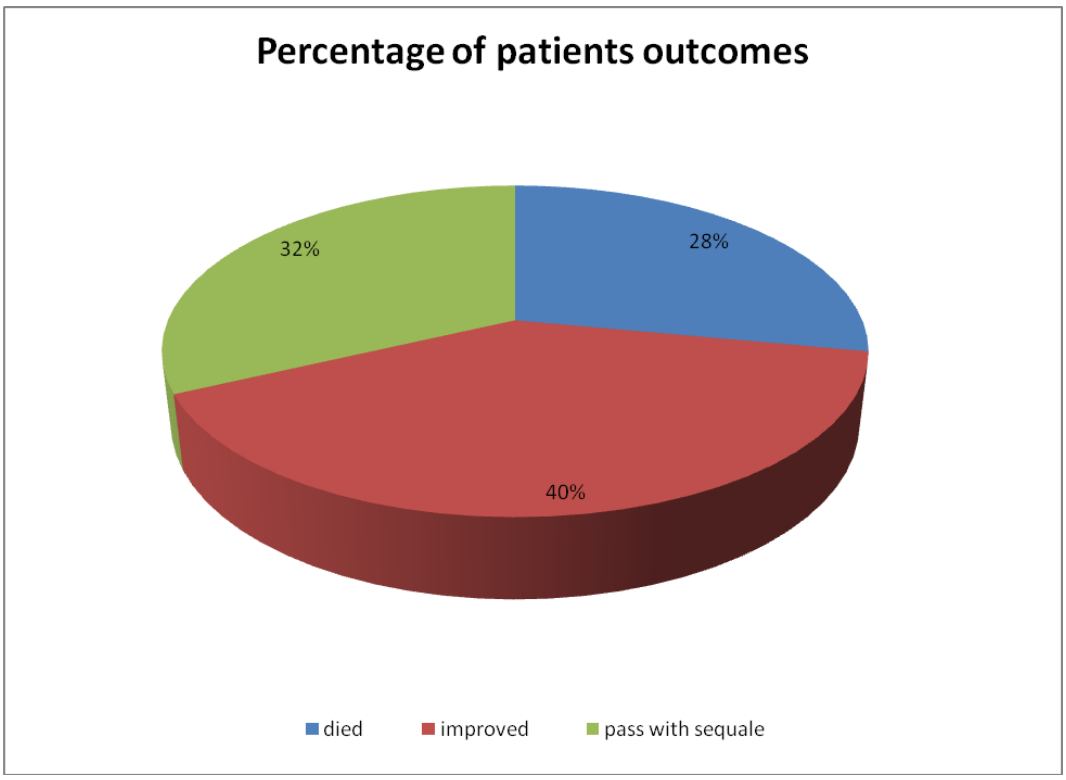

Figure (11): Distribution of coma according of patient outcomes

Table 29: Comparison between gender and outcome:

Gender		outcome			Total
		died	improved	pass with Sequeale	
Female	Count	3	5	2	10
	% within outcome	43%	50%	25%	40.0%
Male	Count	4	5	6	15
	% within outcome	57%	50%	75%	60.0%
Total	Count	7	10	8	25
	% within outcome	100%	100%	100%	100.0%

X^2= 0.27 p>0.05

This table show us that patients that pass with Sequale is higher in males 6 (75%) as compared to females 2 (25%)

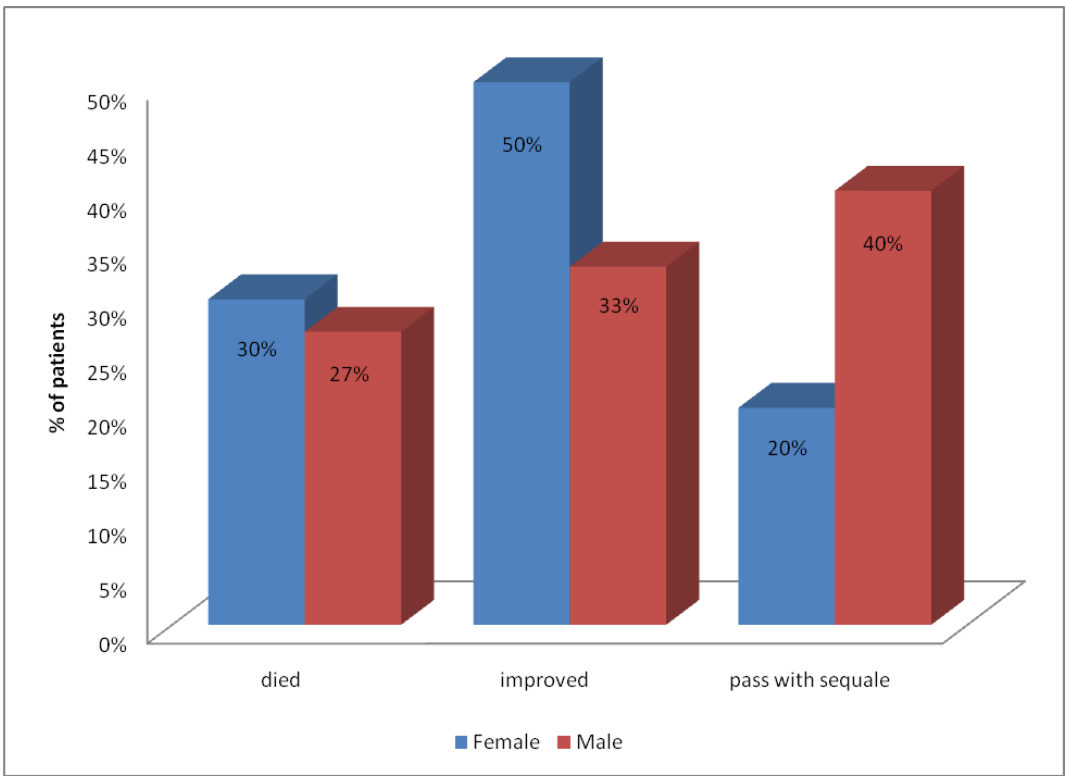

Figure (12): Comparison between gender and outcome of coma

Table 30: Comparison between age and outcome:

Outcome	Age (in months)				
	N	Mean	Std. Deviation	Minimum	Maximum
Died	7.0	7.6	6.3	1.5	18.0
Improved	10.0	20.1	16.9	1.5	48.0
Pass with Sequale	8.0	22.8	27.7	1.5	72.0
Total	25.0	17.5	19.5	1.5	72.0

F=2.9 $p<0.05$

This table shows Incidence of death among the studied group with coma was high in small ages

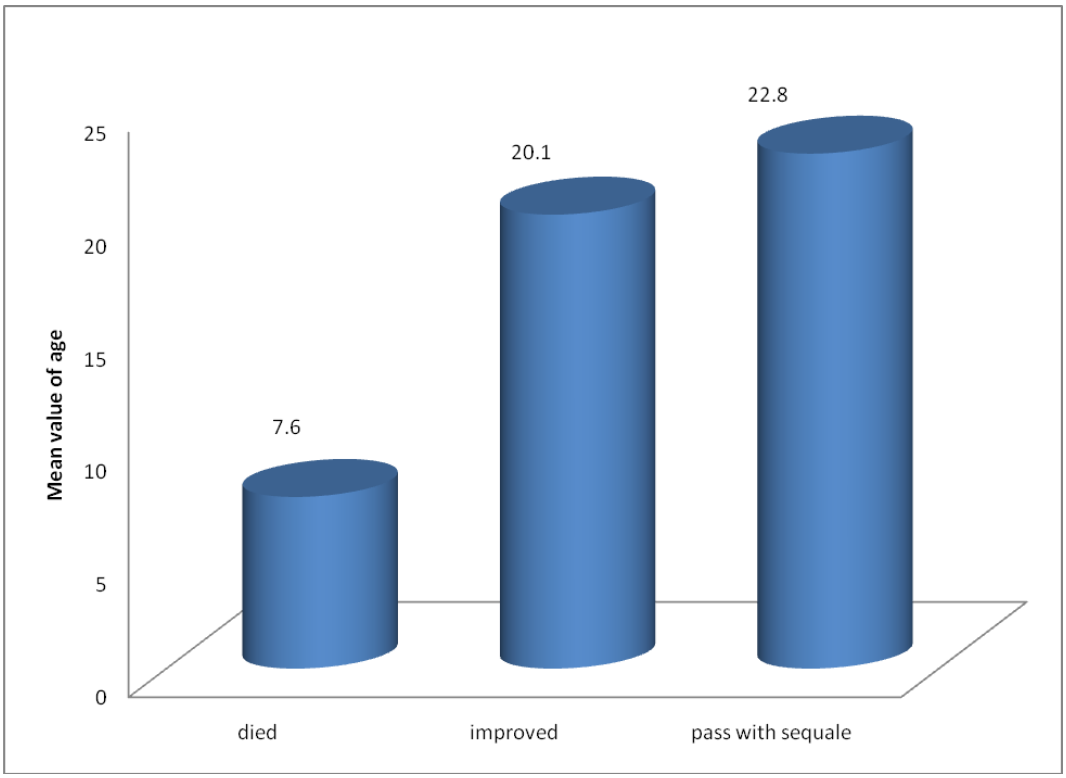

Figure (13): Comparison between age and outcome of coma

Table 31: Mortality rate of the studied group:

Diagnosis	No of death cases	Percentage
Encephalitis	4.0	57%
Head trauma	1.0	14%
Milk aspiration	1.0	14%
Poly trauma	1.0	14%

This table show us that Encephalitis has the highest cause of death among coma patients 57%

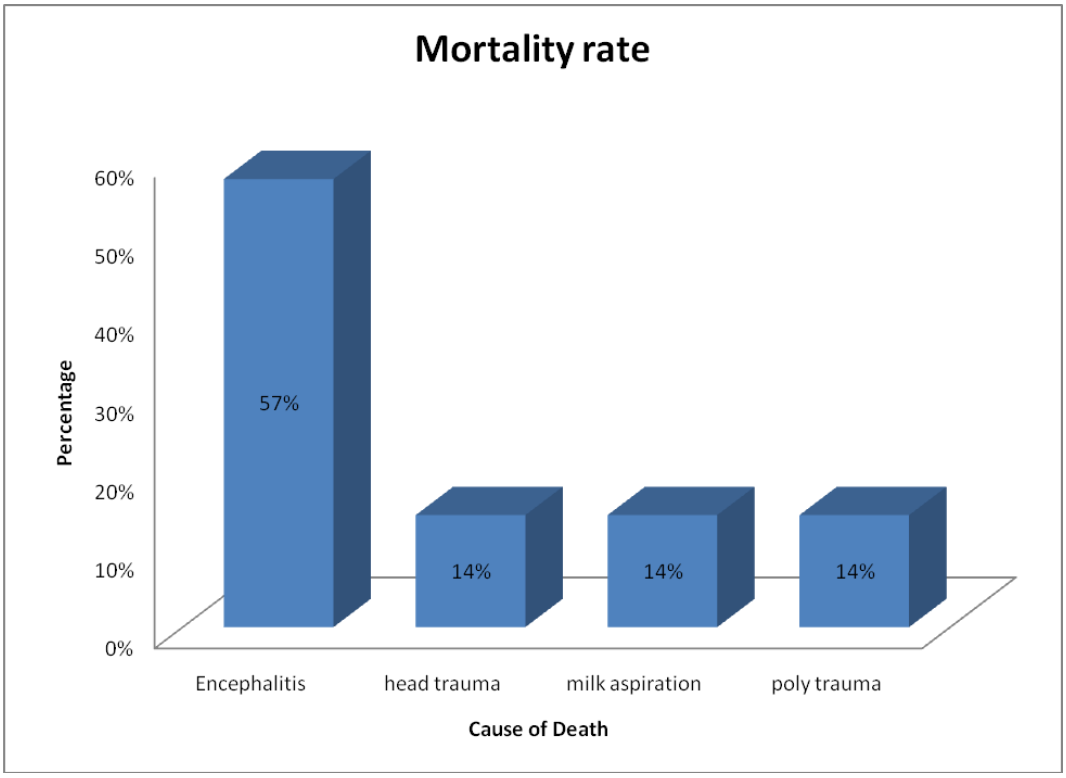

Figure (14): Mortality rate of coma cases

Table 32: Comparison between diagnosis and outcome:

Diagnosis		outcome			Total
		died	improved	pass with Sequale	
DKA	Count	0	2	0	2
	% within diagnosis	.0%	100%	.0%	100.0%
Encephalitis	Count	4	1	3	8
	% within diagnosis	50%	12.5%	37.5%	100.0%
Head trauma	Count	1	0	3	4
	% within diagnosis	25%	50.0%	75%	100.0%
Milk aspiration	Count	1	0	0	1
	% within diagnosis	100.0%	.0%	.0%	100.0%
Pneumonia	Count	0	6	0	6
	% within diagnosis	.0%	100%	.0%	100.0%
Poly trauma	Count	1	1	2	4
	% within diagnosis	25%	25%	50%	100.0%
Total	Count	7	10	8	25
	% within diagnosis	28%	40%	32%	100.0%

$X^2=54.2$ $p<0.05$

This table shows us that 100% of DKA cases and Pneumonia cases causing coma have improved while 100% of Milk aspiration case and 50% of Encephalitis cases have died as well.

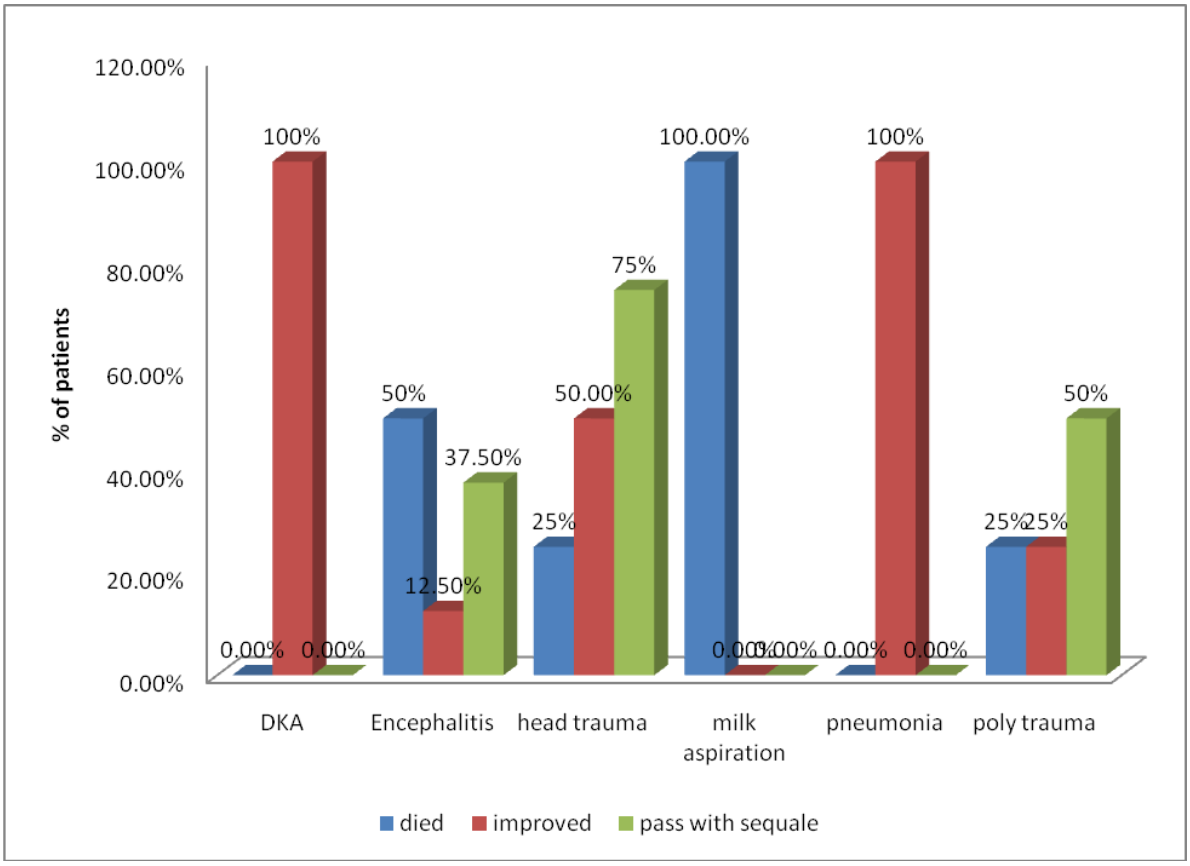

Figure (15): comparison between diagnosis and outcome

Table 33: Comparison between Duration of Stay and outcome:

Out come	Duration of Stay in days
Died	10.4
Improved	6
Pass with sequale	18.8

The table show that the duration of stay of died cases was 10.4 days while the duration of stay of the improved cases was 6 days and the duration of stay of the cases that pass with sequale was the longest 18.8 days.

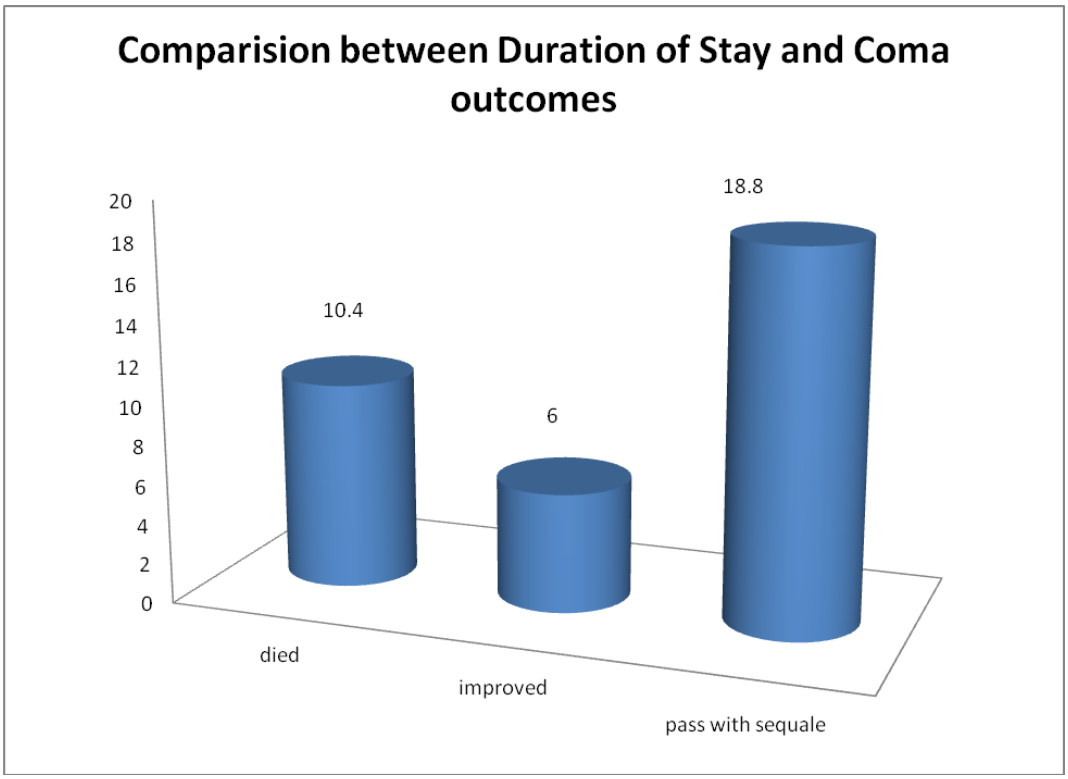

Figure (16): Comparison between Duration of Stay and outcome

Table 34: Distribution of Coma cases admitted to PICU by GCS:

GALASGOW COMA SCALE	FREQUENCY	PERCENT
3	3	13%
4	2	8%
5	2	8%
6	5	21%
7	3	13%
8	9	38%
Total	**24***	**100%**

***Missing case: 1 case on mechanical ventilation ,conscious level was assessed by Murray score.**

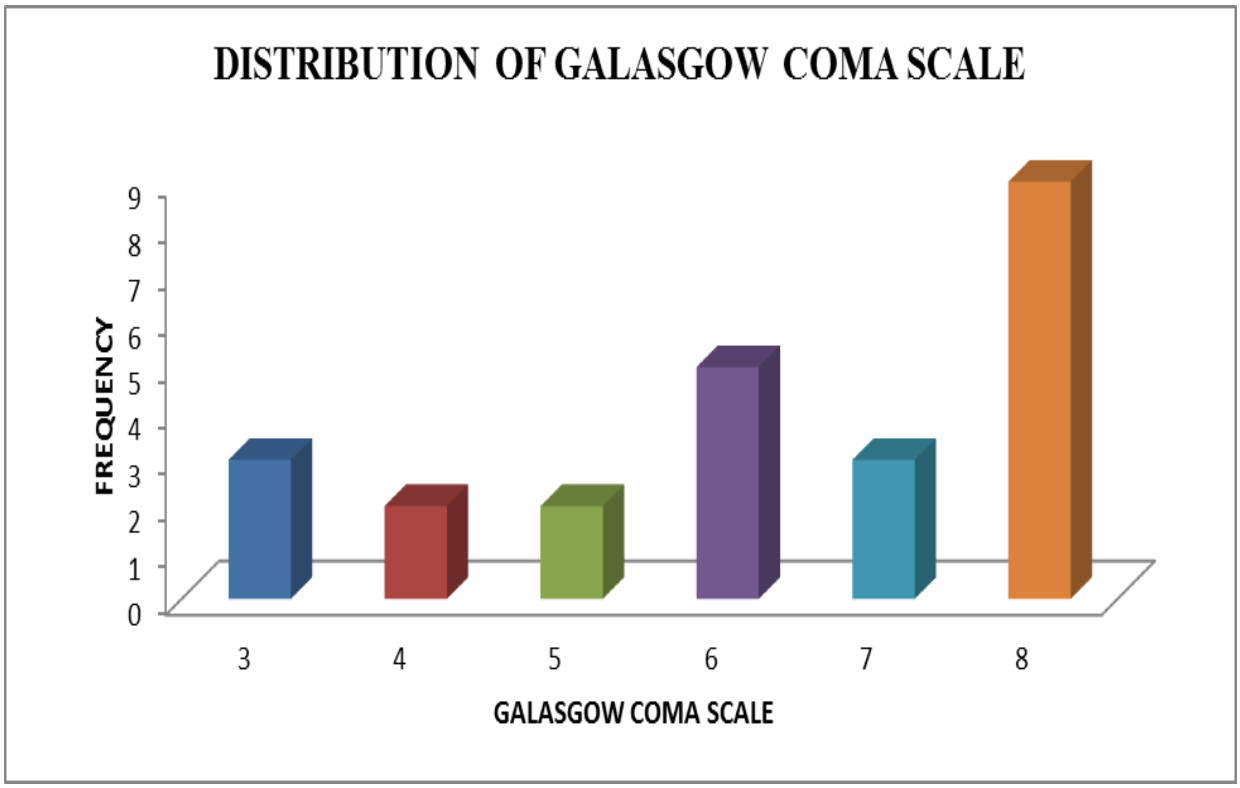

Figure (17): Distribution of Galasgow coma scale

Table 35: Comparison between coma scale and outcome

GALASGOW COMA SCALE		Outcome			Total
		died	improved	pass with Sequale	
3	Count	3	0	0	3
	% within scale	100%	0%	0%	100%
4	Count	2	0	0	2
	% within scale	100%	0%	0%	100%
5	Count	1	0	1	2
	% within scale	100%	0%	0%	100%
6	Count	0	0	5	5
	% within scale	0%	0%	100%	100%
7	Count	0	1	2	3
	% within scale	0%	33%	67%	100%
8	Count	0	9	0	9
	% within scale	0%	100%	0%	100%
Total	Count	6	10	8	24
	% within scale	28%	40%	32%	100.0%

X^2=15.4 p<0.05

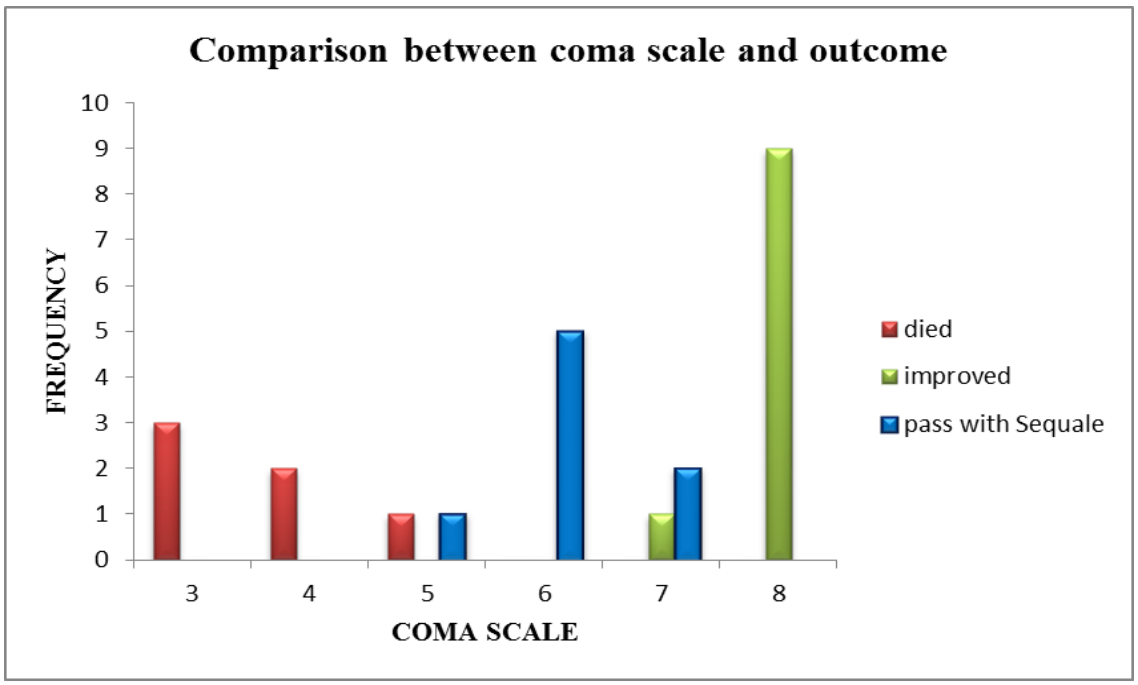

Figure 18: Comparison between coma scale and outcome

The last table show the relation between the outcome and the score of the GCS , which reaveals that the mortality rates progressively increased with decreasing GCS. Also a significant association was found with disability; the incidence of disability increased with decreasing the GCS. And the improvement of the cases increase with increasing GCS.