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**Jahi McMath: A new state of disorder of consciousness**

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In this paper, I reviewed the case of Jahi McMath who was diagnosed as being in brain death (BD). Nonetheless, ancillary tests, performed 9 months after initial brain insult, showed conservation of intracranial structures, EEG activity, and autonomic reactivity to “Mother Talks” stimulus. She was clinically in a state of unarousable and unresponsiveness, without evidence of awareness of self or environment, but full absence of brainstem reflexes, and partial responsiveness rejected the possibility of being in coma. Jahi was not a UWS, because she was not in a wakefulness state, and showed partial responsiveness. LIS patients are wakeful and aware, and although these cases are quadriplegic, they fully or partially preserve brainstem reflexes, vertical eye movements, and/or blinking, and respire by their own, rejecting the possibility of classifying her as a LIS patient. She was not a MCS because she did not preserve arousal, and only partially preserved awareness. The CRS-R resulted in a very low score, not corresponding with MCS patients. MCS patients fully or partially preserve brainstem reflexes, and usually breathe by their own. MCS has been always described as a transitional state between coma, UWS, but MCS has never been reported in a patient who has all clinical BD findings. This case doesn’t contradict the concept of BD, but brings again to discussion the needs of using ancillary tests in BD. I concluded that Jahi represented a new state of disorder of consciousness, non-previously described, that I have termed: “responsive unawake syndrome” (RUS).

**Recent Publications**

1. Machado-Curbelo C, Gonzalez-Quevedo A. Hypoxemia and Cytokine Storm in COVID-19: Clinical Implications. MEDICC Review July 2021, Vol 23, No 3;
2. Machado C, Brock JB, Machado Y, Chinchilla M. An early prevention of hypoxemia in COVID-19 patients complaining obstructive sleep apnea. Sleep Medicine 2021; 85(2);
3. Machado C. Reader Response: Early Postmortem Brain MRI Findings in COVID-19 non-survivors. Neurology 2021;97(5):253

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