

Soft tissue technique and olive oil massage prevent pressure sores in central pontine myelinosis (CPM)

Muhammad Qasim Raza Meer

Rawalpindi Institute of Cardiology, Rawalpindi, Pakistan

ABSTRACT

A case of central pontine myelinosis (CPM) for up to eight years with quadriplegia, bulbar palsy, facial palsy, diabetes, hypertension, NG tube, Catheterization is presented. A plan of care by educating their family members about bed sore prevention, progression, body positioning/postural care general body passive exercises and chest care was given. Addition of olive oil

massage & soft tissue techniques at the pressure areas was also used to aid in pressure sores prevention. The patient survived for up to eight years and was completely bed ridden during this time period but no bedsores developed in any region of body. (Rawal Med J 2014;39:228-229).

Key words: Pressure sores, central pontine myelinosis, olive oil massage, soft tissue techniques.

INTRODUCTION

Pressure ulcers/decubitus ulcers/bedsores are localized injuries to the skin or underlying tissue, usually occurring over bony prominence as a result of continued pressure or pressure in combination with friction. The most common sites are sacrum, coccyx, heels or the hips, but other sites such as the elbows, knees, ankles or the back of the cranium can be affected.¹ Central Pontine Myelinolysis (CPM) as a unique clinical entity which occurs as a complication of severe and prolonged hyponatremia, particularly when corrected too rapidly. CPM is a neurological disease caused by severe damage of the myelin sheath of nerve cells in the brainstem area of pons.² It is characterized by acute paralysis, dysphagia, dysarthria and other neurological symptoms.³⁻⁵ Standard of care requires judicious treatment of electrolyte disturbances to reduce the incidence of osmotic myelinolysis.²

CASE PRESENTATION

A 65 year old lady with a history of hypertension and diabetes mellitus came to us one week after she experienced numbness of right half of body. She got up from her bed and asked his husband and son about the condition, wore her socks herself than became unconscious at home. Her family brought her to the hospital emergency and after initial measures; she experienced fits, which repeated 4 to 6 time in 3 hours. Than her son took her to a private Hospital where she underwent tracheostomy and

was placed on ventilator. By this time, the patient had developed quadriplegia, bulbar palsy and facial palsy. She was on nasogastric tube feeding, urine catheter was passed, and she was just breathing and was unable to move even her eyelids.

She underwent two therapeutic modalities, which included Olive oil massage and Soft tissues mobilization technique. These techniques were applied on all the pressure points twice a day 5-7 minutes for each point. She remained alive for number of years but did not develop pressure sores.

DISCUSSION

Physical therapy is an important part of the medical management and physical therapists are important part of any medical or rehabilitation team and their contribution of this field is very valuable. It is not impossible to prevent the development of pressure ulcers in bedridden patients but it require complete concentration of the family, proper guide line by the physical therapist. These include patient education regarding body positioning, working ripple metros, dry, wrinkle free bedding, proper inspection of skin and pressure points several time a day.

We added two maneuvers which are proven help full for long term prevention of pressure sores.⁶ First was Olive oil massage to increase circulation, to maintain skin integrity, to keep the skin moisturized and smooth and to help in regeneration of skin.⁶ Italian investigators have used olive oil to improve local blood circulation.⁷ Olive oil has been

frequently used for skin care⁸ and has been used for wound prevention in United States.⁹ In our patient, skin inspection was made as with posture change routinely. All skin changes were noted according to Royal College of Nursing recommendation.¹⁰

Second intervention used in our patient was Soft tissues mobilization technique. This improves local circulation so more nutrient is available and waste metabolites are removed.¹¹ By adding the effects of both techniques, skin integrity can be maintained for a long time, which prevents pressure ulcers even in a completely bed ridden patient. This is clinically important as preventing pressure sores in bed ridden patients has been shown to prolong survival.¹² More studies are required to assess the value of these techniques in every day clinical practice.

Corresponding author email: qasimraza1984@yahoo.com

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