Conclusion: Co-existing HOCM and aneurysm warrant vigilance to avoid factors increasing LVOT obstruction and to maintain the cerebral perfusion pressure.

Keywords: intracranial aneurysms, hypertrophic obstructive cardiomyopathy, LVOT

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A056 Postoperative Sialadenitis: A Rare Complication of Park Bench Positioning for Neurosurgery

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Introduction: Neurosurgical procedures require specific and often unique positions to maximize anatomical exposure. Prolonged surgeries demand maintenance of these positions for long durations. Retrosigmoid–suboccipital craniotomy for cerebellopontine angle tumor is one such technique which requires placing the patient in Park Bench position. Various complications are attributed to this position.[1] A rare and serious complication is postoperative submandibular sialadenitis along with diffuse soft tissue swelling of the neck occurring following extreme degrees of head positioning.[2] This can cause severe respiratory distress postoperatively.

Methodology/Description: We report a case report of a 42-year-old, ASA-I, male patient diagnosed with right vestibular schwannoma, posted for retrosigmoid–suboccipital craniotomy and excision in a right Park Bench position. The surgery lasted for 8 hours and patient was extubated at the end of surgery uneventfully. After 4 hours, he started developing acute left sided hemi-facial swelling which was diagnosed as acute submandibular sialadenitis with diffuse soft tissue swelling of the same sided oropharyngeal mucosa. The patient consequently developed respiratory distress and stridor, requiring reintubation. The swelling gradually diminished and he could be extubated on the second postoperative day. Complete resolution took approximately 5 days with conservative treatment. Multitude of etiological factors, attributed to this occurrence, and the various remedial measures have been discussed.

Conclusion: Acute postoperative sialadenitis is a rare complication after Park Bench positioning in neurosurgery. Although it has a good prognosis with conservative management, utmost vigilance is required for possible development of respiratory compromise. Meticulous attention to preoperative oral hygiene and intraoperative positioning probably can prevent its development.

Keywords: sialadenitis, patient positioning, neurosurgery, craniotomy

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A057 Anesthesia Management of Clival Chordoma with Cervical Body Erosion and Brain Stem Compression

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Introduction: Chordomas are slow growing tumors arising from vestigial notochordal cells. Upto 25% occur at base of skull arising from clivus involving the cerebrovertebral junction (CVJ)

Methodology/Description: A 28-year-old woman, operated case of clival chordoma, presented 2 years later with tingling in both upper and lower limbs, imbalance while walking, and occasional headaches. On examination, assessment of airway was normal, X-ray of cervical spine showed erosion of C2 body, and MRI of brain showed erosion of clivus, extending in the posterior fossa with severe compression of brain stem. Surgical plan was in two stages. Posterior occipito cervical fusion followed by endoscopic endonasal skull base (EENSBS) approach for the excision of chordoma. Anesthesia plan: Awake fiberoptic intubation, with the management of anesthesia suitable for endoscopic skull base surgeries. She was further operated for cerebrospinal fluid (CSF) leak repair and tracheostomy in view of long-standing ventilation. She was discharged with no neurologic sequelae after 21 days.

Conclusion: Plan intubation extubation strategy. Anticipate difficult intubation. Use cervical collar and awake fiberoptic intubation for minimal disturbance at C V junction. Understand the location of tumor, its proximity to vessels and brain stem and be prepared for delayed recovery and ventilator dependency. EENSBS demands lax brain strategies and optimal mean blood pressures. Cater anesthesia for lower cranial nerves neuromonitoring.

Keywords: clival chordoma with cervical body erosion, brain stem compression, occipitocervical fixation, endoscopic endonasal skull base surgery

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