patient disabled for life. Although awake fibreoptic endotracheal intubation is the gold standard in adult patients with unstable cervical spine injury to both minimize the manipulation of the neck and continued neuromonitoring, it is not a popular choice in the pediatric population due to their inability to tolerate the procedure and comprehend its need. Here we describe a non-asleep technique for endotracheal intubation in a 5 year old child with cervical spine injury. **Case Summary:** A previously healthy 5 year old child developed C1/C2 subluxation after falling from height. Her neck was stabilised with Somi brace and subsequently posted for C1/C2 wire fixation under general anesthesia. Her airway was intubated successfully without inducing anesthesia using a combination of flexible fibreoptic bronchoscope and sedation - midazolam + dexmedetomidine, while her Somi brace was left in place. This technique was opted to minimize neck manipulation and to allow for neurological examination immediately after intubation. **Conclusion:** Non-asleep fibreoptic endotracheal intubation is a feasible alternative and largely underutilized technique in the pediatric population which provides the advantages of an awake intubation and avoids the disadvantages of an asleep technique in patients with unstable cervical spine injuries.

ISNACC-S-04

Vein of Galen malformation presentation in parturient: Case report

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Introduction: A Vein of Galen (VOG) malformation is congenital malformation of blood vessels of brain, representing less than 1%of intracranial vascular malformations. It usually presents in early childhood but rarely it presents in adulthood also. **Case Summary:** A 22 year female was brought to emergency department of obstetrics and gynaecology, in our institution with complaint of altered sensorium and seizures 2 days postpartum. Airway was secured with endotracheal intubation under sedation. Eclampsia was questioned with normal BP and negative urine proteins and no past history of hypertension during pregnancy. Antiepileptic drugs were started. Patient had a history of headache once or twice a month since childhood which was considered as migraine and was not investigated further. Brain imaging was done which showed bilateral dilated ventricles with a lesion posterior to thalamus with intensity of that of blood vessels. which conformed a diagnosis of VOG malformation. An emergency ventriculoperitoneal shunting was done to relieve increased intracranial pressure. And after stabilization of patient she was referred for endovascular procedure. **Conclusion:** Every chronic headache should be investigated and brain imaging should be done. And every postpartum patient with seizures is not eclampsia, even if a patient presents with sudden onset of seizures after delivery with no past history of preeclampsia or eclampsia, she should be subjected to brain imaging and complete neurology workup.

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Bedside sonographic optic nerve sheath diameter measurement in severely pre-eclamptic parturients: A prospective, observational study

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Introduction: A simple bedside sonographic measurement of optic nerve sheath diameter (ONSD) has been shown to correlate with raised intracranial pressure (ICP). This study aims to detect serial ONSD changes in severely pre-eclamptic parturients admitted for labour and delivery. **Methods:** After ethical approval and written, informed consent 30 pre-eclamptic parturients with severe features were subjected to serial bedside ONSD measurements by an experienced anesthesiologist at admission (baseline), 4 & 12 hours following prophylactic IV MgSO4 therapy and at 24 hours postpartum. An average ONSD value of >5.0 mm was taken as corresponding to an ICP of ≥ 20 mm Hg. Hemodynamic profile, serum Mg levels, neurological signs and symptoms and mode of delivery were also recorded. **Results:** A total of n = 27/30 (90%) parturients showed baseline ONSD >5.0 mm. Neurological symptoms were reported in 74% (n = 20/27) of patients (mean ONSD 6.3 mm). Following MgSO4 therapy, neurological symptoms declined (n = 16/20) but mean ONSD remained >5.89 mm. 18 patients underwent cesarean delivery under spinal anesthesia. None of the patients progressed to eclampsia. **Conclusion:** Sonographic ONSD measurement is a simple bedside tool to observe intracranial pressure in severely pre-eclamptic parturients with or without neurological symptoms. It may be a useful aid to the attending anaesthesiologist to guide peripartum management of these patients.

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Subarachnoid haemorrhage and paraplegia in coarctation of aorta

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