respectively. **Conclusion:** TLC and PC do not appear to influence the density in SSS on CT scan in TBI patients–because of much higher mass of RBCs compared to WBCs and platelets. Cmean of 44.83 HU predicted Hb <10 gm/dl with good sensitivity and specificity and can be used clinically to determine need for blood transfusion if laboratory value of Hb is not available readily.

ISNACC-S-19

Coiling/clipping: The ideal treatment in Indian scenario

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Introduction: Cerebral Aneurysm, aneurysmal sub arachnoid haemorrhage (SAH) has devastating consequences, and every patient should be treated and managed in emergency. The two different options available for the treatment are surgical clipping of the aneurysm or endovascular coiling. Also the post op management should be taken care for a better neurological outcome. **Methods:** It is a retrospective study from April 2009-Jan 2014 and prospective from Feb 2014-Jan 2015 of the patients who were symptomatic for aneurysmal SAH either ruptured/un-ruptured and underwent coiling or clipping for the aneurysm accordingly at KIMS hospital Secundrabad. A total of 244 patients over a period of 5 yrs where admitted for coiling or clipping who had either radiological or clinical evidence of aneurysm. Patient demography, Clinical grades, location of aneurysm, vasospasm and outcomes were analysed for both coiling and clipping. **Results:** A total of 191 patients underwent microsurgical clipping of which, 175 (92%) had anterior circulation aneurysm and 17 (18%) had posterior circulation aneurysm. Out of the operated 179 (94%) survived, and 12 (6%) expired. Similarly of the coiling patients 42 (70%) had anterior circulation aneurysm, and 18 (30%) had posterior circulation aneurysm. 1 patient in coiling had a rebleed, 4 of the patients from the coiling group eventually underwent clipping due to failed coiling. 56 (93%) survived and 4 (7%) died in coiling category. However the length of stay of the coiling patients was less i.e. 8 days when compared to clipping group where it was 13 days, but there was no significant outcome when compared to each other. **Conclusions:** In a developing country like India the cost of treatment of aneurysm and infrastructure required for endovascular coiling suite in most of the neuro center becomes a problem. In such a scenario our study supports that coiling and microsurgicalclipping have equal outcomes and patients should be offered both type of treatments.

ISNACC-S-20

Outcome related to general anaesthesia versus regional anaesthesia for lower extremity surgery in patients with mild traumatic brain injury

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Introduction: Traumatic brain injury (TBI) is a major cause of morbidity and mortality. Secondary insults are known to worsen survival after TBI. The management of a brain injured patient following trauma for non-neurosurgical procedure, for example lower limb surgery, is a challenge. Regional anaesthesia (RA) has the advantage of continuous neuro-monitoring whereas there can be hypotension. General anaesthesia (GA) has the advantage of controlled ventilation, but multiple drugs can raise the ICP. There is no evidence to suggest that any particular anaesthesia technique or agent is optimal in this patient group. **Methods:** This is a prospective randomised pilot trial (CTRI/2016/01/006554) among 40 patients with acute mild TBI, who presented for isolated lower extremity surgery, followed up till discharge. Under standard monitoring 20 patients were given GA with fentanyl, propofol, vecuronium, oxygen, air and desflurane. The other group of 20 patients RA received an epidural catheter and subarachnoid block with 0.5% bupivacaine and fentanyl. Intraoperative hemodynamics were recorded along with blood gases, amount of blood loss etc. **Results:** Outcome variables were found comparable in both groups, analysed as change in postoperative GCS (GA 14.00 ± 2.340; RA 14.75 ± 0.550; p 0.171), change in serum S100B levels (GA 137.5 ± 368.15 ng/L, RA 66.82 ± 277.34 ng/L; p 0.508). Intraoperative hemodynamics such as incidence of hypotension, hypoxia etc were also similar between the groups, however postoperative in-hospital days were less in the RA group (13.70 ± 3.114) vs GA group (18.10 ± 7.122; p 0.016) which also had higher incidence of wound infection and postoperative ventilator requirement. **Conclusion:** The results of our study indicates that both techniques appear similar in terms of neurological outcome.

ISNACC-S-21

Our experience with multi-drug resistant acinetobacter meningitis

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