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**Introduction:** Acinetobacter baumannii (AB) meningitis is not uncommon in neurosurgical ICU and its incidence has been rising. Recent trends show that an increasing number of infections are caused by strains that are resistant to multiple drugs including carbapenems. Effective therapy in such cases is not well established and such patients often have high mortality rates. The present study shares our experience with this notorious pathogen. **Case Summary:** We retrospectively reviewed cases of multi-drug-resistant (MDR) AB meningitis in Fortis hospital, Mohali from January 2014 to October 2016. We identified six cases in our retrospective review of records with equal distribution in both genders. Four patients had severe craniofacial trauma with base of skull base fractures while two had neurosurgical intervention. The mean duration of ICU stay and duration of therapy was 50 days and 24 days respectively. All the patients received intrathecal/ intraventricular and intravenous colistin in combination with carbpenems. One patient developed resistance to colistin while on treatment and required addition of minocycline and rifampicin to therapy. The same patient developed chemical meningitis secondary to the treatment. All six patients survived. One of them is severely disabled (modified Rankin score MRS = 5), while 3 patients had MRS 1 while 2 had a MRS of 2. **Conclusion:** Despite recent reports suggesting high mortality following AB meningitis, better outcomes were observed in our cohort of patients. Intraventricular/intrathecal colistin along with intravenous colistin can be an effective therapy for this dreaded disease.

**ISNACC-S-22**

**Neurogenic stunned myocardium – A case report**

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**Introduction:** Cardiovascular and pulmonary complications of subarachnoid bleed (SAH) accounts for significant morbidity and mortality. We present a case of neurogenic stunned myocardium following subarachnoid bleed managed at our hospital. **Case Summary:** A known diabetic and hypertensive lady presented with h/o sudden onset severe headache along with tachycardia, dyspnoea and hypoxia. She was drowsy, having diffuse SAH on CT scan and bilateral coarse crepitations. X ray showed s/o pulmonary edema, ST-T depression in anterolateral leads, positive qualitative Troponin T, raised cardiac enzymes and gross systolic dysfunction in Echo. She was managed with ventilation, sedation, diuretics and inotropic support for hypotension. Surprisingly, she improved quiet rapidly over the next 24 hours with repeat Trop-T being negative and echo displaying complete recovery of cardiac performance. Cerebral angiography revealed ruptured aneurysm and treated by endovascular means. She continued to improve over the next few days and was discharged for rehabilitation being neurologically and hemodynamically stable. **Conclusion:** Neurogenic stunned myocardium is defined as myocardial injury and dysfunction occurring after acute brain injury as a result of imbalance of the autonomic nervous system. Spectrum of observed cardiac abnormalities includes ECG changes, arrhythmia and both systolic and diastolic dysfunction. Features key to the identification of neurogenic stunned myocardium are fully reversible post-ischemic dysfunction and that the dysfunction is not caused by a primary defect in myocardial perfusion. Our patient had reversible cardiac dysfunction which is indicative of neurogenic cause mimicking true myocardial injury although coronary angiogram needed to be done to strengthen our diagnosis.

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**Effect of magnesium sulfate nebulization in reducing the incidence and severity of post operative sore throat in patients undergoing surgery in prone position**

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**Introduction:** Post operative Sore throat (POST), a common complaint after GA with tracheal intubation causes significant patient discomfort. Incidence is 21-65%. Many pharmacological and non-pharmacological methods have been studied for attenuation of POST. Changing patient's position from supine to prone can cause tube displacement and changes endotracheal cuff pressure affecting incidence of POST. Therefore, we planned to study prophylactic effect of Magnesium Sulfate nebulization in patients undergoing surgery in prone position. Hypothesis of the study was magnesium sulfate nebulization reduces incidence of POST in prone position surgery. **Methods:** Hospital based prospective interventional randomized double blind study. After getting institutional ethical clearance, 140 consenting patients belonging to American society of anaesthesiologists status 1-2, 20-60 years, either sex undergoing lumbar spine surgery in prone position were randomly allocated in two groups ($n$ = 70 each). Pre-operatively Group A and B were nebulized with 0.9% saline (5 ml) and magnesium sulfate (1 ml+ 4 ml saline) for 15 min respectively. GA was given and patients positioned prone 10 min after nebulization.