

classified according to the Glasgow Outcome Scale (GOS) as favourable (grades IV and V) and unfavourable (grades I-III). **Results:** During the study period, a total 195 patients of aneurysmal SAH underwent surgical clipping, and their data was analysed. Patients were categorized into two groups – Group R with IAR and Group N without IAR. Demographic profile was comparable between the groups. Mean age of our study patients was 47.85 yrs. There were a total of 32 IARs out of the total of 195 patients, representing an IAR rate of 16.41%. The blood loss was significantly more as also the amounts of crystalloid, colloid and blood administered in Group R as compared to Group N. In the postoperative period requirement of prolonged ventilation was 50% in group R as compared to 27.61% in group N. The incidence of post-operative haematoma was 21.88% and 5.52%, post-operative infarct was 50% and 20.25%, and vasospasm was 25% and 22.09% and in group R and N respectively. The incidence of sepsis was 25% and 19.63%, pneumonia 21.88% and 15.34%, renal failure 6.25% and 4.29% and tracheostomy was done in 43.75% and 20.25% in group R and N respectively. Poor neurological outcome (GOS ≤ 3) was observed in 64 (39.26%) of patients without IAR as opposed to 20 (62.50%) in patients with IAR. **Conclusion:** IAR has significant impact on neurological outcome, although there was no significant difference in mortality. Postoperative complications like prolonged duration of mechanical ventilation, and operative site haematoma, requirement of tracheostomy, decompressive craniectomy and hospital length of stay was more in patients who had IAR.

ISNACC-S-51

Water imbalance after neurosurgery: A case report

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Introduction: We describe a 30-year-old woman, who developed triphasic response after resection of craniopharyngeoma. **Case Summary:** A 30-year-old female with no co-morbidity and no endocrine abnormality was operated for craniopharyngeoma while leaving the pituitary stalk intact (according to the surgical notes). Postoperative she was conscious, cooperative without any neurodeficit. Soon, she started passing urine amounting to 300 ml/hr on an average. Urine osmolality was 136 mosm/kg and serum sodium 140 meq/l. Being normoglycaemic and not on any diuretics a diagnosis of central diabetes insipidus was made. She received Desmopressin nasal spray and was advised to drink water ad libitum. Gradually, as the urine output came down over the next day desmopressin was discontinued. On the third day sodium

was 125 meq/ml and Serum osmolality was 257 mosm/kg. SIADH was diagnosed and fluids were restricted. Her sodium continued to fall and she experienced seizure. At this juncture she was administered hypertonic saline. Over the next 24 hours urine output again started increasing showing a osmolality of 70 mosm/kg and sodium rising to 145 meq/l. She was put back on desmopressin nasal spray which controlled the urine output to some extent. However, as she continued to remain polyuric at discharge she was advised desmopressin tablets 0.1 bd with regular monitoring of sodium and water intake ad libitum. **Conclusion:** The pathophysiology of the triphasic response is well known. Predisposing factors may be the disease or surgery intraoperative CSF leak. Successful prevention requires an index of suspicion and proactive measures.

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Incidence of trauma induced coagulopathy in patients with isolated traumatic brain injury: A preliminary study

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Introduction: Trauma induced coagulopathy (TIC) is an entity. But incidence and outcome of TIC in isolated head injury is not very clear. Therefore, we planned a preliminary prospective observational study to find out incidence of coagulopathy in patients with isolated moderate and severe head injury. **Methods:** Twenty patients having moderate to severe head injury were included in this study. Severity of head injury is rated according to GCS and Marshall scoring system. Coagulation profile of patients is noted at the time of admission to Trauma ICU and at 24, 48 and 72 hours after injury. **Results:** Out of 20 cases of head injury, in 8 cases (40%) at least 2 readings of INR were above 1.4 and PTI below 65%. Out of these 8 cases, 3 patients had GCS score 3, 4 patients had GCS score of 5 and 1 patient had GCS 9. Three out of these 8 patients had intraventricular hemorrhage while midline shift in CT was observed in all the 8 cases. **Conclusion:** Early identification and treatment of coagulopathy in brain injury patients may prevent secondary insult to brain decreasing morbidity and mortality. A prospective study with an adequate sample size population can identify the true incidence and outcome of patients with isolated head injury having TIC.

ISNACC-S-53

Cervical meningomyelocele repair in a 3 month old child with cleft palate: Anaesthetic risks and management