

Results: A total of 50 patients were enrolled out of whom 31 (62%) were female. Mean age of these patients was 47.3 ± 9.31 years (19–65 years). Forty-eight (96%) were H&H grades I–III while only 2 (4%) had a poor grade SAH (grade IV). Omnipaque 300 was administered in all the cases. The volume administered was 123.2 ± 53.08 mL (60–190 mL). The average NGAL values at preoperative, 1 hour, 6 hours, 24 hours, and 48 hours were 124.99 ± 64.58 , 148.40 ± 77.90 , 147.33 ± 76.00 , 125.49 ± 64.44 , and 116.38 ± 61.79 , respectively. The mean creatinine values during the similar time period were 0.629 ± 0.23 , 0.624 ± 0.22 , 0.612 ± 0.21 , 0.632 ± 0.19 , and 0.577 ± 0.22 , respectively.

Conclusions: None of the patients showed any evidence of AKI. Newer nonionic contrast agents seem to be safe in aneurysmal SAH patients undergoing neuroradiological procedures, especially if preexisting risk factors are absent.

A0030 Evaluation of Respiratory Morbidity and Eventual Outcome in Traumatic Cervical Spinal Cord Injury: A Retrospective Study

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Background: Traumatic cervical spinal cord injuries (CSIs) have social and economic implications with almost no standardized respiratory rehabilitation centers. This retrospective observational study is an endeavor to determine the impact of traumatic CSI on the respiratory morbidity and eventual outcome.

Materials and Methods: Fifty traumatic CSI patients admitted to JPNATC in the past 1 year were included. Primary objective was to determine the respiratory morbidity of patients in terms of ventilator dependency days (assist control ventilation/pressure support) and eventual outcome (discharge/death). Secondary objectives were to ascertain the patient demographics, total duration of ICU and hospital stay, and correlation between ASIA grade and eventual outcome.

Results: Of the 50 patients reviewed, median age was 35 years (17–74), 86% were males, 50% required inotropic support for 22 days (2–127), 88% underwent surgery, and 26% needed tracheostomy. Ventilator dependence was for 3 days (2–127), total duration of ICU stay was 4 days (1–118), and hospital stay was 18 days (1–127). Outcome-wise 66% patients were extubated, 16% were discharged with tracheostomy tube (TT) in situ and weaned off to room air, and 18% patients died. ASIA-A patients (30% of total) were in ICU for 8 days (3–118) and in hospital for 21.7 days (3–127), ventilator dependence was for 15 days (3–127), 21 extubated, 47.3% died, and 31.7% patients were discharged with TT in situ. ASIA-B patients (8%) were in ICU for 19.5 days (9–22), in hospital for 39 days (19–60), ventilator dependent for 27 days (2–57), 25% could be extubated, 25% discharged with TT in situ, and 50% died. ASIA-C, D, and E patients (62%) were in ICU for 3 days (1–14), and in hospital for 15 days (4–45), ventilator dependence was for 2 days (2–15), 93.5% were extubated, and 6.5% were discharged with TT in situ.

Conclusion: Traumatic CSIs have extensive respiratory morbidity correlating with the ASIA grade, which culminates in prolonged ICU and hospital stay and tremendous financial burden on the individual and society.

A0031 A Case of Anti-NMDA Receptor-Positive Autoimmune Encephalitis: Diagnostic Challenges and Treatment Hurdles

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Background: Anti-NMDA receptor encephalitis is a relatively newly identified and potentially treatable cause of psychiatric symptoms in both adults and children. We present a case of autoimmune encephalitis admitted in our intensive care unit (ICU).

Case Description: A female patient with past history of ovarian cystectomy was admitted with signs of meningo-encephalitis and generalized rash. All investigations including CSF and MRI were normal. Autoimmune encephalitis panel was strongly positive for anti-NMDA ab/anti-glutamate ab. Reports of her sepsis panel were normal.

She received sequential dosage of methyl-prednisolone and immunoglobulin. She was tracheotomized and put on multiple antiepileptics for focal seizure. Tetrabenazine and Botox injection were tried for her perioral dyskinesia. Injection rituximab was administered due to unresponsiveness to immunoglobulin. After 1 month of treatment, she could be mobilized in a neurologically stable condition. However, after few days, she succumbed to massive pulmonary embolism.

Conclusions: Antibody-mediated encephalitis constitutes a group of inflammatory brain diseases that are characterized by prominent neuropsychiatric symptoms and are associated with antibodies against neuronal cell-surface proteins, ion channels, or receptors. Paraneoplastic immune-mediated encephalopathy is a newly described disease. Although there is no compelling evidence to suggest the superiority of any specific regimen, corticosteroids are frequently the first choice, followed by intravenous immunoglobulin and plasma exchange. Anti-NMDA receptor encephalitis is easily diagnosed using a blood or CSF test. There are wide range of presenting symptoms and signs (neurological and psychiatry). Early identification and treatment may have serious prognostic implications. Delay to treatment with immunosuppressive therapy probably results in worsened outcomes.

A0032 Anesthesia for Awake Craniotomy: SGPGIMS Experience

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Background: Awake-craniotomy is a special technique employed to limit the chances of iatrogenic