



## Neuro Critical Care 1

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### Neuro Critical Care 1

#### Postpartum hypernatremic encephalopathy with osmotic cerebral demyelination syndrome and rhabdomyolysis : a unique life-threatening entity

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**Background:** Hypernatremia produces encephalopathy, osmotic demyelination syndrome and rhabdomyolysis. Postpartum hypernatremic encephalopathy with rhabdomyolysis was recently described.

**Objective:** To document the clinical, biochemical and radiological spectrum of postpartum hypernatremic encephalopathy.

**Methods:** Records of women with postpartum hypernatremia from 2007 to 2013 were reviewed. Details of clinical presentation, neurological deficits, biochemical and radiological abnormalities were gathered.

**Results:** Twenty-six women with postpartum hypernatremia were treated during this period with age range of 18 to 37 years (23.38 ± 4.14). Symptoms consisted of fever (24), delirium (23), altered consciousness (19), progressive quadriparesis (9), ataxia (5), and seizures (3). Symptoms began 2 to 42 days (10.62 ± 9.06) after delivery. Twenty-five patients were in altered consciousness and 17 had proximally dominant weakness at admission. Muscle stretch reflexes were brisk in 15, plantar response extensor in 18 and corticobulbar signs in 8. Initial serum sodium ranged from 151 to 230 (183.92 ± 18.71) mEq/L with elevated chloride (149.05 ± 19.97 mEq/L), urea (114.40 ± 54.59 mg/dl), creatinine (3.16 ± 1.95 mg/dl) and serum osmolalities (corpus callosum 22, centrum semiovale 18, internal capsule 19 and thalamus 6). Bilateral lateral pontine hyperintensity was seen in six and two had "wine glass sign". Ten patients died and the mortality correlated significantly with Glasgow coma score ( $P < 0.0001$ ), degree of hypernatremia ( $P = 0.003$ ), hyperchloremia ( $P = 0.002$ ), hyperosmolality ( $P = 0.01$ ) at admission. At discharge, four patients recovered completely and the remaining improved gradually.

**Conclusion:** Postpartum hypernatremia is a unique uncommon neurological emergency. Early detection and careful management of abnormal electrolytemia and azotemia results in good outcome.

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#### Spectrum of acute encephalitis syndrome in an intensive care unit: an experience from a tertiary care center from India

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**Background:** There is paucity of studies evaluating the spectrum and outcome of the patients with acute encephalitis syndrome (AES) in intensive care unit (ICU).

**Objective:** This study reports the spectrum of AES in ICU, and their predictors of mechanical ventilation (MV), death and functional outcome.

**Material and methods:** The AES patients admitted to the neurology ICU were prospectively included and their demographic details, clinical, hematological, biochemical, MRI findings and etiology were noted. Death during hospitalization, complications and functional outcome at 3 months was noted.

**Results:** 164 out of 258 (64%) AES patients needed ICU admission. Their median age was 35 (2-85) years and 71 (43%) were females. The etiology was viral in 44 (Herpes and Japanese encephalitis in 12 each, dengue in 17, mumps, measles and varicella in 1 patient each), non-viral in 64 (scrub typhus in 48, falciparum malaria in 6, leptospira in 3, and bacterial in 7), and undiagnosed in 56 (34%). 69 (42%) patients needed MV. On multivariate analysis, Glasgow Coma Scale (GCS) score, SOFA score, thrombocytopenia, raised intracranial pressure and pneumonia on admission were independent predictors of MV. 43 (26%) patients died, and all were in the MV group. SOFA score, untreatable etiology, GCS score, focal weakness and seizures were independent predictors of mortality. At 3 months, 14% had poor and 86% had good outcome. GCS scores, focal weakness and status epilepticus independently predicted poor outcome.

**Conclusion:** 26% AES patients in ICU died and depth of coma was the constant predictor for MV, death and poor outcome.

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#### In-hospital neurologic complications in adult patients following open-heart surgery in a tertiary hospital in Cebu City, Philippines

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**Objectives:** To determine the most common neurologic complications and predisposing factors after open-heart surgery in a tertiary hospital located in Cebu City, Philippines.

**Study Design:** Retrospective Descriptive.