

photophobia with no neurological sign. Urgent brain CT and venogram showed bilateral SDH with downward displacement of brainstem and distended venous sinuses s/o SIH. MRI Brain and myelography confirmed bilateral SDH and site of CSF leak could not be detected. Diagnosis of intracranial hypovolemic syndrome was made. Patient underwent bilateral burr hole drainage of SDH, blind Lumbar EBP was tried twice with no success. CT myelogram repeated still not s/o any leaks. EBP tried with the 18G epidural needle in T11-T12, under aseptic conditions 30 cc blood slowly injected in same space and catheter removed CT confirmation done, dressing and head low given. CT brain and MRI repeated shows decreased SDH, cerebral edema and midline shift with increased in cistern size and improvement in sensorium of the patient over the time. **Conclusion:** Management of SDH should focus on correction of underlying SIH. CT guided epidural blood patching in the thoracic or cervical spine should be considered for SIH when lumbar blood patching fails.

ISNACC-S-68

Application of acute physiology and chronic health evaluation ii and sequential organ failure assessment score in the prognostication of patients in systemic inflammatory response syndrome

K. L. Wilson, K. Fernandes, Y. M. Prashanth, B. M. Venkatesha

Department of Anaesthesia, Father Muller Medical College Hospital, Mangalore, Karnataka, India

Introduction: Various scoring systems like the Acute physiology and Chronic Health Evaluation (APACHE) II and III, Simplified Acute Physiological Score (SAPS) II, Logistic Organ Dysfunction (LOD) and Sequential Organ Failure Assessment (SOFA) scores have been used to prognosticate the patients. One of the most commonly used, is the APACHE but in view of the multiple variables, bedside application becomes difficult. Aim of the study was to prognosticate the patients by using SOFA and APACHE scoring and to determine the better scoring parameter in determining outcome. **Methods:** It was a prospective observational study. 45 cases in SIRS were included in the study. The APACHE score was measured at admission and the SOFA score was calculated at 0, 48 and 96 hrs. A comparison between the two scoring systems was done in order to determine the better parameter. **Result:** 32% of the subjects were

females. The APACHE scoring at admission correlated best with SOFA scoring at admission (p value -0.003) but a higher predictability of mortality was seen with SOFA scoring at 96 hrs (p value - 0.017). At the end of 96 hrs, death was recorded in 19 subjects (47% of the cases). **Conclusion:** The Sequential Organ failure Assessment is a more reliable predictor of mortality in comparison to APACHE II of which the score taken at 96 hrs was best in favour. The highest SOFA score also was an equally reliable parameter. The limitation of the study was the shorter study duration.

ISNACC-S-69

Comparison of ramosetron and ondansetron for prevention of early and delayed post-operative nausea and vomiting following craniotomy

Zikrullah, O. A. Siddiqui, Hassan

Department of Anaesthesia and Critical Care, JNMC, AMU, Aligarh

Introduction: Post-operative nausea and vomiting (PONV) is frequent and a distressing complication after neurosurgical procedures. 5HT₃ receptor antagonists are commonly used drugs for its prevention. A study was designed to compare the efficacy and safety of ramosetron and ondansetron in patients undergoing craniotomy. **Methods:** Prospective, randomized, double-blind controlled study was conducted to compare the efficacy and safety of ramosetron (0.3 mg) and ondansetron (4 mg) in early and delayed PONV in patients undergoing craniotomy. Efficacy as well as side effects of ondansetron and ramosetron was documented and compared. **Results:** One hundred thirty adult patients undergoing craniotomy were studied - 65 patients in each of the two groups. In first 24 h after surgery, complete response (No PONV) was observed in 28 patients of the ondansetron group and in 32 patients of the ramosetron group ($P > 0.05$). Complete response in the second 24 h after surgery was observed in 30 patients of the ondansetron group and in 45 patients of the ramosetron group ($P < 0.05$). PONV requiring rescue antiemetic was significantly higher ($P < 0.05$) in the ondansetron group as compared to the ramosetron group. No significant adverse effects were observed in both the groups. **Conclusion:** Ramosetron is safe and has more potent antiemetic effect for delayed PONV as compared to ondansetron in patients undergoing craniotomy.