confirming adequate analgesia scalp block was given. Anaesthesia was maintained with injection fentanyl and 100% O_2 via oxygen mask.

Conclusion: Intravenous sedation along with scalp block resulted in a good outcome for this patient, thereby avoiding general anaesthesia and its side effects.

ISNACC-C-03

Perioperative management of a patient with cushing disease undergoing transsphenoidal resection of pituitary tumours

Garima Vashisht, Renu Bala, Ishwar Singh[1], Saquib Siddique[1]

Departments of Anaesthesiology and Critical Care and [1]Neurosurgery, Pt. B.D. Sharma PGIMS, Rohtak, Haryana, India

Pituitary tumours are frequently encountered and comprise of around 20% of primary brain tumours undergoing intracranial operations. Most of them are non-functional, adrenocorticotropic hormone secreting tumours causing Cushing disease are quite few. They are managed medically most of the time, very few require surgical intervention. The perioperative management of these patients is quite challenging due to multisystem involvement. We hereby describe the successful management of a 56-year-old female patient having body mass index = 42 kg/m^2 who had typical features of Cushing disease. Difficult airway was anticipated (MPG-III, short neck, large tongue). Diabetes and hypertension were other comorbities. Other perioperative concerns were positioning, intravenous cannulation, ventilation, haemodynamic stability, extubation and post-operative pain. Careful understanding of the neuroendocrine manifestations and judicious and meticulous planning leads to successful management of the patient.

ISNACC-C-04

Transforaminal injection in scoliotic spine: A challenge in interventional pain practice

Athul M. Purushothaman, Tejesh C. A., Ravikumar T. V.[1], Leena H. Parate, Mahesh Bhatt[1]

Departments of Anaesthesia and [1]Orthopedics, M. S. Ramaiah Medical College and Hospitals, Bengaluru, Karnataka, India

Background: Transforaminal epidural steroid injection is common non-surgical modality of managing lumbosacral radiculopathy. The potential advantage of transforaminal route for epidural steroid injection is the targeted delivery of the drug to the site of pathology, presumably onto an inflamed nerve root. Congenital scoliosis due to hemi-lumbar vertebra with severe radicular pain is uncommon. **Case Summary:** A young male with congenital scoliosis due to L3 hemi-vertebra presented with a 2-month history of severe back pain radiating to right lower limb. Pain was not relieved by rest or by analgesic medications. The orthopaedicians referred the patient to our pain clinic as one of the last resorts before contemplating surgical correction of the scoliosis for a transforaminal steroid injection. After obtaining due consent from the patient, a right L2–L4 transforaminal steroid injection was done under fluoroscopy guidance with 40 mg of triamcinalone. The patient had good pain relief immediately following injection and continues to be pain free with 4 months follow-up. Altered spine anatomy due to hemi-vertebra and scoliosis presented a challenge in recognising the structures under fluoroscopy for performing the injection. The spine rotated due scoliosis, suitable adjustments in the fluoroscope had to be made to appreciate the anatomy for a successful injection. **Conclusion:** Transforaminal epidural injection is a challenge for the interventional pain practitioner in patients with scoliotic spine presenting with radiculopathy.

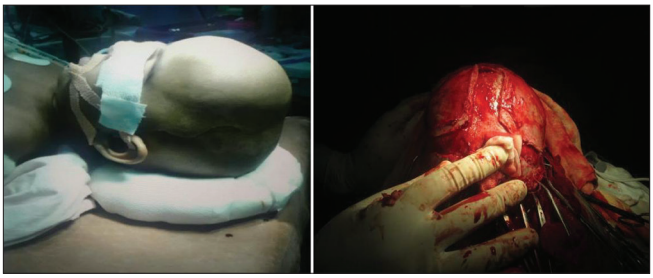
ISNACC-C-05

Venous air embolism during craniosynostosis repair – Anaesthetic management: A case report

Manika Adari

Guntur Medical College, Guntur, Andhra Pradesh, India

Background: Craniosynostosis refers to a condition where one or more cranial sutures fuse prematurely leading to focal or global growth delay of the skull. One in 2000 live births may be affected. Surgical intervention should be performed as early as possible to prevent further progression of deformity and potential complications associated with increased ICT. Intraoperative death is primarily a consequence of massive blood loss. Anaesthetic considerations include associated congenital syndromes, difficult airway, invasive monitoring, raised ICT, considerable blood loss, massive transfusion, venous air embolism (VAE), positional injuries.



Case Summary: A 11-month-old, 10 kg female baby presented with deformity of head. She had no other positive findings in the history or physical examination. Investigations were within normal limits. Suturectomy was done under general anaesthesia with controlled ventilation with intravenous induction and maintenance was done with oxygen, N_2O, sevoflurane and muscle relaxants. Peripheral venous access included two 22-gauge cannulae in left upper and lower limbs. Central venous access was secured with 5 Fr central venous catheter (CVC) in the right internal jugular vein. Intra-arterial blood pressure was monitored using left femoral artery catheter. Intraoperatively, there was a sudden fall in end-tidal carbon dioxide ($EtCO_2$), SpO_2 levels decreased and sudden hypotension developed raising the suspicion of VAE. Immediately, the surgeon was asked to stop the surgery and the surgical field was flooded with saline. Sevoflurane and N_2O were cut down, and baby was ventilated with 100% oxygen. Around 30 ml of frothy blood was aspirated from the CVC. Later, $EtCO_2$ slowly increased and SpO_2 also improved. Surgery was continued. Blood loss was replaced. Baby was ventilated for 24 h post-operative and extubated successfully in the Intensive Care Unit on second post-operative day. **Conclusion:** VAE is a dreaded complication which might arise intraoperatively in surgeries where the surgical field has many open venous channels. Careful and vigilant monitoring is very essential.

ISNACC-C-06

Cardiogenic subarachnoid bleed: A case report

Neha Sb Sahane, Indranil Ghosh, Dipankar Ghoshdastidar

Institute of Neurosciences, Kolkata, West Bengal, India

Background: Ruptured mycotic aneurysms account for approximately 5% of the neurologic complications of infective endocarditis. Rarely, a ruptured mycotic aneurysm can be the first manifestation of infective endocarditis and is associated with an 80% mortality rate. A case of subarachnoid haemorrhage (SAH) with infective endocarditis undergoing successful multidisciplinary management is reported. **Case Summary:** A 41-year-old male presented with sudden onset vomiting, followed by loss of consciousness. Soon after admission, patient developed severe respiratory distress and bilateral coarse crepitations on auscultation. Electrocardiogram showed sinus tachycardia with features of left ventricular hypertrophy. He was immediately intubated and put on mechanical ventilation. Urgent chest X-ray showed features of pulmonary oedema and was administered diuretics. Computed tomography (CT) scan showed SAH and intraventricular hemorrhage. Simultaneous CT angio demonstrated left posterior cerebral artery aneurysm

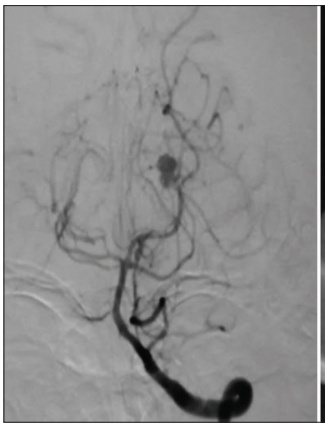


Figure 1

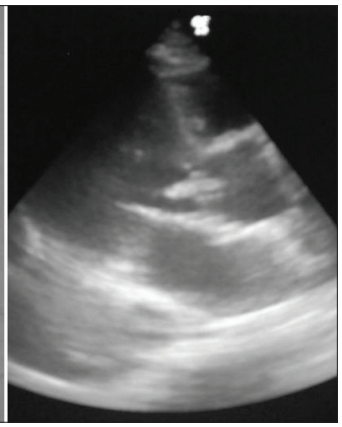


Figure 2

[Figure 1]. Echocardiography revealed severe aortic regurgitation along with vegetation on the aortic cusps [Figure 2]. Diagnosis of infective endocarditis was made provisionally and started on appropriate antibiotics after sending blood for culture. Once stabilised, he was taken up for definitive treatment. Cerebral angiogram revealed a mycotic aneurysm of posterior cerebral artery which was embolised. He improved over the next few days and was discharged being neurologically intact. One month after discharge, he underwent aortic valve replacement and thus attained complete recovery. **Conclusion:** The overall prevalence of haemorrhage in central nervous system involvement of infective endocarditis is 3–7%. However, SAH or subdural haematoma is rare. The incidence of clinically diagnosed intracranial mycotic aneurysms in patients with infective endocarditis is approximately 2%. When aneurysms form, the most likely mechanism is bacterially induced weakening. Our case report depicts successful management of a rare but fatal disorder through interdisciplinary collaboration.

ISNACC-C-07

Post-operative complication after stereotactic biopsy

K. M. Senthil Kumar, Mithali V., D. Kannan, N. Maharajan, Bagath Singh, Selvamuthu Kumaran

Meenakshi Mission Hospital and Research Center, Madurai, Tamil Nadu, India

Cancer involving the central nervous system ranks second as the most common malignancy seen in infancy through adolescence. Stereotactic biopsy for histopathological diagnosis has become a standard component of the neurosurgical armamentarium. Post-operative care for this procedure has its own challenges. We report a case of a 9-year-old female patient with history of deviation of the face to the left side for 3 years, minimal drooling of saliva and weakness of the right