ICU. Nonalcoholic WE should be considered as a possible diagnosis when the classic triad is absent. Prognosis of the patient mostly depends on early recognition of the syndrome and early initiation of thiamine treatment. It may be fatal if it progresses to Korsakoff syndrome. Thus, higher suspicion and recognition of WE in early stage can increase chances of full reversal of this condition.

A0027 Patient with Hurler's Syndrome for Emergency Ventriculoperitoneal Shunt: What an Anesthesiologist Must Know

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Background: Patients with Hurler's syndrome pose a great challenge to anesthesiologists. The most common problem faced by anesthesiologist is difficult venous access and establishment and maintenance of difficult airway.

Case Description: A 22-year-old female patient, a known case of Hurler's syndrome, presented with complaint of headache. She was scheduled for insertion of VP shunt for acute hydrocephalus. History was significant for obstructive sleep apnea, and she used CPAP during sleep for the same. The patient was cooperative but slow in response to commands. General physical examination revealed short stature, dysmorphic face, macrocephaly, frontal bossing, short neck, depressed nasal bridge, dorsolumbar kyphosis, flexion deformity of elbows and wrists, and stubby fingers. Airway evaluation revealed large tongue and Mallampati grade IV. Echocardiography revealed mitral valve prolapse with trivial mitral regurgitation. Intravenous access was obtained with difficulty. Difficult mask ventilation was anticipated, in addition to difficult laryngoscopy and intubation. Awake fiberoptic intubation was performed successfully. Anesthesia was induced, and at the end of surgery, trachea was extubated awake.

Conclusions: The most important step in management of airway is to avoid a situation of "can't ventilate, can't intubate." The basic aim is preservation of spontaneous ventilation and is of utmost importance. Recovery after general anesthesia is often slow in these patients and may be accompanied by breath-holding, apnea, and bronchospasm. The patient should be awake with adequate airway reflexes for extubation.

A0028 Effect of Comorbidities on the Outcome of Patients with Aneurysmal Subarachnoid Hemorrhage: A Prospective Observational Study

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Introduction: Subarachnoid hemorrhage (SAH) carries a high mortality of 30 to 40%. Amongst survivors, 40 to 50% suffer disability and cognitive decline. Comorbidities can have a contribution in the disease process. We hypothesize that the presence of comorbidities in a patient with

aneurysmal SAH can influence the course of disease and thereby the neurological outcome.

Materials and Methods: This prospective observational study was commenced after ethical committee clearance and written informed consent. We enrolled 140 (94 females and 46 males) consecutive patients with aneurysmal SAH, scheduled for clipping/coiling from July 2016 to October 2017. Patients' comorbidities were recorded and outcome followed in postoperative period using MRS at discharge and mRS and GOS at 1 month after discharge. Analysis was done using chi-square test.

Results: In patients undergoing clipping, HTN and smoking are associated with worse outcome (0.02 and 0.01, respectively). HTN is associated with increased incidence of vasospasm and infarct while smoking and CAD are associated with increased incidence of rebleed and hydrocephalus, respectively. In patients undergoing coiling, HTN, smoking, and CAD are associated with worse outcome (0.02, 0.04, and 0.02, respectively). Smoking, alcohol intake, and CAD are associated with increased incidence of rebleed while CAD is associated with increased incidence of hydrocephalus. DM, thyroid dysfunction, TB, and joint disease are not associated with worse outcome or increased incidence of complications.

Conclusions: Various comorbidities including HTN, CAD, smoking, and alcohol intake were associated with increased risk of perioperative complications in patients after SAH. Other comorbidities such as DM, thyroid dysfunction, TB, and joint disease neither affect outcome nor increase risk of complications.

A0029 Measurement of Neutrophil Gelatinase-Associated Lipocalin for Acute Kidney Injury following Neuroradiological Procedure(s) in Patients with Aneurysmal Subarachnoid Hemorrhage: A Preliminary Study

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Background: Patients with aneurysmal SAH are susceptible to acute kidney injury (AKI) due to preexisting hypovolemia, renal hemodynamic changes, and neuroendocrine response. NGAL represents a promising biomarker for early prediction, monitoring treatment response, and prognostication of AKI in various clinical settings. The purpose of this study was to find incidence of AKI and to see changes in plasma NGAL at different time periods in aneurysmal SAH patients undergoing neuroradiological intervention.

Materials and Methods: All consenting aneurysmal SAH patients (18–65 years, modified Hunt & Hess grade 1–4) posted for neuroradiological procedures during the study time were included. Patients with history of chronic renal disease, recent contrast exposure, and renal insufficiency due to any other reasons were excluded. Blood sample for serum creatinine and serum NGAL were obtained preprocedure and then at 1, 6, 24, and 48 hours after contrast administration. AKI was defined by KDIGO clinical practice guidelines.

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