CASE STUDY

Department of Neuro Sciences

MAEER'S VishwaRaj HOSPITAL

NABH

ACA Aneurysm with IC Bleed, COVID-19 Pneumonia with ARDS

Treating Consultant

Dr Anand Katkar
(Sr. Consultant - Neurosurgery)

Dr Rajendra Chavan
(Sr. Consultant - Interventional Radiologist)

Team VRH ICU

- 54 yr old male with no co-morbidities was admitted in VishwaRaj Hospital at midnight with history of giddiness followed by fall in bathroom on same day. So, approached peripheral nursing home, CT Brain was done which was S/O: Left ACA aneurysmal rupture and intracranial bleed.
- Patient was found to be COVID-19: POSITIVE. Patient was intubated I/V/O poor GCS and shifted to VishwaRaj Hospital for tertiary care management.

Emergency Department Management :

- After initial assessment by ER Physician and stabilization HRCT Chest and MRI Brain with Angio was done on emergency basis
- CT Severity Score: 07/25. MRI Brain with Angio S/O: Diffuse cerebral oedema with Intracranial hemorrhage (SAH).
- Patient was shifted to COVID-19 Isolation ICU and he was managed on the line of COVID-19 Infection with intracranial bleed (SAH)

COVID Isolation ICU Management :

- Reassessment done by on duty Intensivist and decided to manage with IV Antibiotics, Inj.Remdesivir, Steroids and ARDS Net ventilation protocols for COVID-19 Infection.
- Dr. Anand Katkar (Case Incharge) Advised : IV Mannitol, antiepileptics, Nimodepine and Triple H Therapy for SAH (Hydration, Hemodilution, Hypertension) and decided to post for Digital Subtraction Angiography (DSA).
- Patient underwent DSA by Dr. Rajendra Chavan (Interventional Radiologist) on next day morning after Haemodynamically stabilization.
- DSA S/O Ruptured Aneurysm measuring about 5x5x6 mm seen at bifurcation of left ACA so, immediate endovascular coiling of Left ACA was done which was uneventful.
- Patient underwent bedside Percutaneous Tracheostomy by Dr. Vijay Khandale (HOD - ICU) I/V/O long standing ventilator support on Day 9.
- Patient responded to treatment , neurological status improved, awake, follows commands & started on physiotherapy and Neuro rehabilitation.
- Simultaneously oxygenation improved, gradually weaned from ventilator support and T-Piece spontaneous breathing trial was given.
- For long term feeding consultant team has decide for Percutaneous Endoscopic Gastrostomy (PEG) procedure done by Dr. Kiran Shinde (Medical Gastroenterologist)
- On Day 11 patient's Rapid COVID -19 Antigen was NEGATIVE so was shifted to Non COVID ICU for further management.

Non COVID ICU Management :

- Repeat CT Brain was done on Day Day 13 S/O Resolving intracranial hemorrhage.
- Continuous improvement shown by the patient hence, shifted to ward on Day 20.
- Bedside mobilization with aggressive physiotherapy started.
- Successfully decannulation was done under observation of Intensivist on Day 27 and neuro rehabilitation was continued.
- Patient able to recognize relatives, moving all 4 limb, bowel bladder normal, tolerating PEG feeding, no any sign of secondary complication like fever, etc. Hence, advised to discharge at home on Day 30.

TEAM NEUROSURGERY

Dr Siraj Basade
MBBS, DNB, DNB
Head - Department of Neurosurgery

Dr Anand Katkar
MBBS, MS, DNB
Sr. Consultant - Department of Neurosurgery

Dr Nikhil Talathi
MBBS, MS, MCh
Sr. Consultant - Department of Neurosurgery

Dr Rajendra Chavan Interventional Radiologist

TEAM INTENSIVE CARE UNIT (ICU)

Dr Kapil Borawake
Director ICU and Critical Care

Dr Vijay Khandale
HOD Intensive Care Unit

Dr Sanesh Garde
Consultant ICU

Dr Satish Sarode
Consultant ICU

Dr Sangram Ghatge
Consultant ICU

Dr Debashish Banerjee
Consultant ICU

Dr Sarita Bharadwaj
Consultant ICU

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MAEER'S VishwaRaj Hospital
Loni Kalbhor. Pune | www.vishwarajhospital.com

020 6760 6060