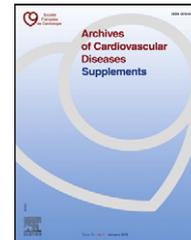




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01–Clinic

Adrenergic surge and hypertensive crisis after weaning from neurosedation in children



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Pharmacological sedation in brain-injured patient is crucial to preserve intra-cerebral hemodynamic stability. Stopping sedation may be accompanied by a procession of clinical and psychic symptoms called withdrawal syndrome (WS) and secondary to an adrenergic discharge leading to tachycardia and possible relapse. We aimed to describe the incidence of these adrenergic surges and the evolution of the WS.

Methods Our retrospective study was carried out from April 2017 to March 2018 in the pediatric intensive care unit department of the 1st November University Hospital (61 patients included). Morphine derivatives and hypnotics (midazolam type) were used for sedation. Adrenergic discharge is defined by systolic-diastolic hypertension > 95th percentile in children, tachycardia, tachypnea, agitation.

Parameters sociodemographic status, nature of brain injury, duration of sedation, duration of ventilation, time delay to withdraw sedation, time delay of clinical manifestations after WS.

Results Fourteen patients (23%, 9 boys and 5 girls) evidenced a WS, mean age: 60.43 months-old. Children were admitted for isolated serious head injury ($n=4$), severe meningitis ($n=2$), cerebral aspergillosis ($n=1$), postoperative brain tumors ($n=7$). The morphine sedation duration was 6 ± 0.5 days; the duration of sedation with benzodiazepines was 7.1 ± 1.5 days. After the cessation of sedation, patients were ventilated ($n=10$), 2 patients had an intubation probe and 2 had a tracheotomy. The peak of the adrenergic surge was observed 7.5 ± 2.25 hours after cessation of sedation; the averaged systolic blood pressure was 165 mm Hg and the averaged diastolic blood pressure 107 mm Hg; the heart rate was 105 beats/min. Two patients evidencing a state of extreme agitation requiring reintroduction of benzodiazepines for less than 24 hours. The average duration of hospitalization was 12.8 days \pm 6.3 days

[6–22 days]. One patient died in a context of relapse of intracranial hypertension and perilesional edema.

Conclusion Stopping sedation in a brain-damaged patient leads to an adrenergic surge that may be responsible for an extension of hospitalization time in an intensive care unit. The cessation of sedation would be provided by a rigorous withdrawal protocol.

Disclosure of interest The authors declare that they have no competing interest

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Difficulty of stroke management in the dialysis child



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Objectives We aimed to describe pediatric stroke in dialysis children and the difficulty of managing stroke during the dialysis session.

Methods Our retrospective study collected data from cerebral ischemic attacks (CIA), cerebral hemorrhage (CH) over a period of 3 years (2003–2016) among dialysis children. Patients were monitored during the dialysis session to monitor CF, SPIO2, blood pressure with a therapeutic blood pressure goal of 150/100 mm Hg.

Results Nine patients, 5 girls and 4 boys, average of 8 years old. Three patients had a neurological form of hemolytic urmic syndrome, 2 patients had a scleroderma crisis complicated by malignant hypertension, 2 dialysis patients with malignant nephro-angiosclerosis received an anticoagulant overdose, 2 patients with poorly controlled hypertension had reflux nephropathy. Upon admission, arterial hypertension was found in all patients average systolic pressure: 175 mmHg [140–190] and diastolic pressure: 115 mmHg [95–120]. Neurological clinical syndromes as: headache, visual blur and ear buzz (3 cases), 1 patient with right hemiplegia had aphasia without disturbances of consciousness, and 1 had hemiplegia with deviation of the head to the left. The convulsions were observed in 3 patients, coma in 1 patient. Brain imaging revealed 5 cases of CIA