

Trials for Patients on Neuro-Intensive Care: Removing the Headache

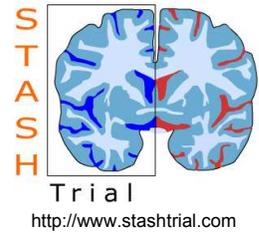
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Details: Phase III, double-blinded, RCT. Does simvastatin reduce incidence and duration of delayed ischaemic deficits following SAH

Inclusion: Age 18-65 | Confirmed aneurismal SAH (any grade) on CTA, MRA or DSA | Commence trial <96hrs of ictus | Patient independent prior to the SAH |

Exclusion: F&D pupils post resuscitation | Devastating scan | Already taking a statin, verapamil, amiodarone or CYP3A4 inhibitors | Pregnancy | Significant renal or hepatic impairment | Life-threatening co morbidities | Significant drug or alcohol abuse



<http://tinyurl.com/7r8x2b3>

Details: RCT comparing early surgery vs initial conservative Rx in Rx of patients with traumatic intracerebral haemorrhage (TICH)

Inclusion: Age ≥ 14 | Evidence of TICH >10mls volume on CT (as per AxBxC/2 method) | <48hrs of injury | Clinical equipoise

Exclusion: Significant EDH/SDH | Cerebellar contusion/bleed | ≥ 3 discrete haematomas >10mls | Surgery cannot be performed <12hrs of randomisation | Severe co morbidities making good outcome unrealistic

Details: RCT comparing early surgery vs conservative Rx for haematomas in selected patients with spontaneous lobar ICH will improve outcome

Inclusion: Spontaneous lobar ICH on CT scan (≤ 1 cm from cortex) | < 48hrs of ictus | GCS has motor ≥ 5 and eyes ≥ 2 | Haematoma volume of 10-100mls (as per AxBxC/2)

Exclusion: Evidence of cause: aneurysm, tumour, trauma or AVM | IVH or HCP | Brainstem/cerebellar/basal ganglia/thalamic bleed | Surgery >12hrs of randomisation | Severe co morbidities making good outcome unrealistic | Coagulopathy



<http://research.ncl.ac.uk/stich/>

Details: RCT comparing decompressive craniectomy vs medical Rx for treatment of refractory intracranial HTN following trauma

Inclusion: Age 10-65 | Abnormal CT head | \uparrow ICP (>25mmHg for 1-12hrs), refractory to initial medical Rx | Patients who have undergone an prior operation still eligible

Exclusion: Bilateral F&D pupils | Bleeding diathesis | Not expected to survive >24hrs | Unable to monitor ICP | Patients treated on the Lund protocol | Given barbiturates pre-randomisation | Brainstem involvement



www.rescueicp.com

Details: RCT comparing titrated therapeutic hypothermia (32-35°C) conventional Rx for \uparrow ICP after TBI

Inclusion: Age to consent | Primary TBI | Abnormal CT head | \uparrow ICP (>20mmHg for ≥ 5 mins) after first line Rx | No obvious reversible cause for \uparrow ICP | ≤ 10 days from initial injury | temp $\geq 36^\circ\text{C}$ @ randomisation

Exclusion: Already receiving hypothermia Rx treatment | Already given barbiturates | Not expected to survive >24hrs | Temp $\leq 34^\circ\text{C}$ on admission | Pregnancy



www.eurotherm3235trial.eu

Details: RCT comparing intravenous progesterone vs standard medical Rx for treating severe TBI

Inclusion: Age 16-70 | Wt 45-135Kg | Closed head injury | Randomisation <8hrs of injury | GCS 4-8, ≥ 1 reactive pupil | Abnormal CT head | ICP monitoring indicated

Exclusion: Not expected to survive >24hrs | Prolonged or uncorrectable hypoxia or hypotension | Spinal cord injury | Pregnancy | \downarrow GCS due to other causes | EDH alone | Severe co morbidities making good outcome unrealistic



www.synapse-trial.com

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