REFERENCES

1. Moon M, Kramer G.C. Hypertonic saline dextran resuscitation from haemorrhagic shock induces transient mixed acidosis. Critical Care Medicine 1995; 23: 323-31.
2. Stewart P.A. Modern quantitative acid base chemistry. Can Journal of Physiology and Pharmacology. 1983; 61: 1444-61.
3. Constable P.D. A simplified strong ion model for acid base equilibrium. An application to horse plasma. Journal of Applied Physiology. 1997; 83: 297-311.
4. Singer R.B, Hastings A.B. An improved clinical method for the estimation of disturbances of the acid base balance of human blood. Medicine 1948; 27: 223-42.
5. Rehm M, Finsterer U. Treating intraoperative hyperchloremic acidosis with sodium bicarbonate or Tris-Hydroxymethyl Aminomethane (THAM). A randomized prospective study. Anasesthesia and Analgesia 2003; 96: 1201-8.
6. Oh M.S, Carroll H.J. Current concepts in the anion gap. New England Journal of Medicine 1977; 297: 814-7.

★★★

On Circulation…

"...the one primary and essential object is to supply the brain with an oxygenated circulation. Artificial respiration can be maintained indefinitely with ease; the heart is rather readily started, but unless cerebral anemia be overcome in less than seven minutes the patient passes into the death that knows no awakening". Crile, 1914.

Wake up Safe

Although great strides have been made in anesthesia safety, patients continue to experience unintended harm related to anesthesia and surgical care. We don't know precisely how often these events occur and we don't know their causes. As these events are relatively rare today and a system to report and analyze these events does not exist. Wake up Safe is an initiative designed to fill these gaps in knowledge and to find ways to reduce or eliminate these harmful events.

The Initiative is organized by the Society for Pediatric Anesthesia, the largest professional group for Pediatric Anesthesiologists in the United States. It is a registry of serious adverse events reported on a voluntary basis by participating institutions. Names of individual providers and institutions will not be identified and are confidential. Each institution reports the event and a structured analysis of why the event occurred. From a review of the reports we hope to find ways to improve care of children in the perioperative environment.

★★★

CLINIQUIZ

Fulminent hepatitis E in a full term parturient

Sadaf Khattak*, Sumaira Fazal Nabi*, Kaleem Ullah Toori**

**PG trainee; **Consultant Physician*
Dept. of Internal Medicine, KRL Hospital, Islamabad (Pakistan).

A 24 years old primigravida presented to A & E department at 33 weeks of gestation with a history of anorexia for 8 days, jaundice for 3 days and PV leak for one day. Emergency C-section under general anesthesia was performed for PROM breech. Postoperatively, she had altered sensorium and became irritable. On examination: she had a pulse rate of 110/min, BP 110/70 mmHg, temp 100°F, was pale, deeply jaundiced and in grade-II coma.

QUESTIONS

(Please choose one best option)

Q 1: Which of the following investigations will you request?

a. Blood complete picture
b. LFT's
c. PT, INR
d. Serum ammonia levels
e. All of the above

Labs show deranged LFT's (Bilirubin: 9.5, ALT: 1277, Alkaline phosphatase: 149), coagulopathy and raised ammonia levels. She also had neutrophilic leukocytosis and an ooze from CVP site;

Q 2: What differentials would you consider?

a. Hyperacute FHF secondary to hepatitis E
b. Acute FHF secondary to paracetamol poisoning
c. Subacute FHF secondary to hepatitis C
d. Eclampsia
e. PPH

Hepatitis E serology is positive for anti-HEV IgM; =

Q 3: How will you manage her?

a. I/V antibiotics
b. Correction of coagulopathy
c. Mannitol infusion
d. Branched chain amino acids
e. All of the above

Subsequently patient's blood pressure starts escalating and she has 2 episodes of generalized tonic clonic fits;

Q 4: What is the clinical impression?

a. Epilepsy
b. SOL brain
c. Encephalitis
d. Postpartum eclampsia
e. PPH

Q 5: How will you manage this patient?

a. I/V acyclovir
b. I/V magnesium sulphate
c. Oral anti-epileptics
d. Blood transfusion
e. Oral hydralazine

Q 6: What is the incidence of post partum eclampsia?

a. 15%
b. 20%
c. 25%
d. 5%
e. 50%

Q 7: What are the poor prognostic features in FHF?

a. Grade III/IV encephalopathy
b. Rapid jaundice to encephalopathy time
c. Raised INR
d. Age > 40 years.
e. All of the above