

LITERATURE REVIEW

**PHENOBARBITAL TREATMENT FOR MALIGNANT INFARCTS
A CASE REPORT****Jalan P***

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Raised ICP is common in neurological and neurosurgical practice. The management has a myriad of approaches and one of them being use of barbiturates. The article in review is the first case of malignant MCA infarct managed with a lesser barbiturate, phenobarbital. Pentobarbital and thiopental are often used to manage refractory raised ICP. In this article the author has managed a case of right MCA infarct in a 68 yr old male diabetic, hypertensive post CABG and probably with poor collaterals owing to the former two causes. Phenobarbital was started early as the initial infarct was more than 50 % of MCA territory, where a malignant ICP raise can be always expected. Repeat CT scans show stable midline shift and the outcome of the patient was good, mRS 0 in about 4 weeks. Thiopental and pentobarbital use always requires ventilation and a narrow examination window especially when pentobarbital is used. The desired reduction of neuronal metabolic rate can be achieved by phenobarbital. Phenobarbital can be deemed safe and effective (a commonly used outpatient medicine), when used early in malignant infarcts to prevent cytotoxic edema and hence raised ICP. This is an anecdotal case which warrants larger studies.

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