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Case Based Learning of Neurocritical Care: Neuro-ICU Case

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Cerebellar infarction may cause progressive deterioration of consciousness, brainstem signs, and finally signs of herniation through brain swelling, brainstem compression, and obstructive hydrocephalus. Surgical options should be considered when maximal medical therapy is failing. One surgical option for treating a space-occupying cerebellar infarction is a suboccipital craniectomy, where the skull is removed and the dura expanded to relieve intracranial pressure caused by the swollen brain tissue. In addition to decompressive surgery, cerebrospinal fluid drainage by ventriculostomy should be considered in patients with acute hydrocephalus following cerebellar infarction. Medical treatment begins with sedation, analgesia, and general measures including ventilatory support, head elevation, maintaining a neutral neck position, and avoiding conditions associated with intracranial hypertension. Optimization of cerebral perfusion pressure and reduction of intracranial pressure should always be pursued simultaneously. Osmotherapy with mannitol is the standard treatment for intracranial hypertension, but hypertonic saline is also an effective alternative. Therapeutic hypothermia may also be considered for treatment of brain edema and intracranial hypertension. A challenging case of cerebellar infarction is introduced in this lecture.

Key Words: Critical care; Stroke; Cerebellar infarction; Brain edema

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