

Abstract

Key words: Registry, study, management, non surgical neurological, cases

Cerebrovascular diseases are many; the most important are (stroke, subarachnoid Hge, status epileptics, myasthenia gravis, Gillian bare).

Our work is a registry study of all non-surgical neurological cases who were admitted to critical care department of Cairo university hospitals from January 2010 to august 2014. This study was conducted on only 150 patients from 394 patients who were admitted to ICU with neurological insult and full filed criteria of our study. All patients' data was reviewed through retrieved patient's files and electronic database with special stress on: patient demographics, co-morbid diseases, hemodynamics on admission, investigations on admission, and laboratory data on admission, managements, complications and outcome. Any patient with the following criteria was excluded from the study (Metabolic encephalopathy, encephalitis, meningitis, Brain tumor hemorrhagic stroke (surgical type), hypoxic encephalopathy (post CPR. For perfect statistical result; Patients were divided into two groups: Group I: stroke patients (122 patient 81%) Group II: which include 28 patients (18.7%) (2 patients subarachnoid Hge, 13 patients status epileptics, 9 myasthenia gravis ,4 Gillian bare). the results of study concluded on Using multivariate analysis to determine predictors of occurrence of stroke, which the true predictors were; age with (p value less than 0.0001) with cut off point more than 41 years, DM (p value =0.001),HTN (p value = 0,0002),cardiac disease (p value = 0.001), positive CT brain (p value = 0.0002), RBS (p value = 0.008)with cut off point more than 187 mg\dl, antiplatelet (p value = 0.0001), seizure (p value = 0.0001), statine (p value = 0.0001), systolic arterial blood pressure with (p value =0.029) with cut off point more than 140 mmHg, BUN (p value =0.004) with cut off point more than 12and creatinin (p value = 0.002) with cut off point 1.1

Using multivariate analysis to determined predictors of mortality in stroke group which the true were: length of stay in ICU (p value = 0.01) with cut off point more than 10 days, GCS (p value = 0.0001) with cut off point less than or equal 12, BUN (p value = 0.02) with cut off point more than 32, positive data CT brain (p value = 0.04), Vaso active drugs (p value = 0.006), seizure (p value = 0.003) and sepsis (p value = 0.03).

Using multivariate analysis to determined predictors of mortality in non stroke group which the true predictors were; GCS with (p value =0.0047) with cut point off less than or equal 7, INR with (p value = 0.046) with cut point off more than 1.2, RBS with (p value = 0.021) with cut point off more than 150 mg\dl and sepsis with (p value = 0.034).