Risk of High Dose Hydrocortisone in Patients With Aneurysmal Subarachnoid Hemorrhage

To the Editor:

We read with great interest the article by Katayama et al. In concordance with their previous pilot study, the authors showed that hydrocortisone 1200 mg/d prevented excess sodium excretion and urine volume, and achieved the management of hypervolemic protocol with lower sodium and fluid. The rationale for hydrocortisone 1200 mg/d was that it had shorter elimination half-life than fludrocortisone and its mineralocorticoid effect was comparable to the mineralocorticoid effect of fludrocortisone 0.3 mg/d. We congratulated the authors for reporting such a thoughtful study.

We had, however, a concern for the hydrocortisone dosage (equivalent to prednisolone 300 mg/d). One important side-effect of high-dose steroid is avascular necrosis of hip. The estimated incidence is 0.3% to 0.6% and it can be devastating to the patient. In this clinical setting, we would prefer fludrocortisone at lower dosage as 0.1 to 0.2 mg/d to the abovementioned regimen.

Disclosures

None.

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