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.

However, we had 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.
Risk of High Dose Hydrocortisone in Patients With Aneurysmal Subarachnoid Hemorrhage
George Kwok Chu Wong and Wai Sang Poon

Stroke. 2008;39:e12; originally published online November 29, 2007;
doi: 10.1161/STROKEAHA.107.499400
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2007 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/39/1/e12