EFFICACY OF 20% MANNITOL VERSUS 3% HYPERTONIC SALINE IN DECREASING INTRACRANIAL PRESSURE IN THE PEDIATRIC AGE GROUP: A SYSTEMATIC REVIEW

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INTRODUCTION

There are no established guidelines preferring mannitol over hypertonic saline in managing increased intracranial pressure in children.

OBJECTIVE

Assess the available data on the efficacy of 20% mannitol and 3% hypertonic saline in decreasing intracranial hypertension in the pediatric age group.

METHOD

- Search done through PubMed/MEDLINE, Cochrane and EMBASE yielded 280 studies.
- After applying the inclusion and exclusion criteria, a total of 7 articles were deemed eligible for assessment.

RESULTS

- Seven studies with a total of 1,892 pediatric patients met the eligibility criteria: three RCTs and four retrospective studies.
- Two randomized controlled studies showed statistically significant evidence that 3% hypertonic saline was superior to 20% mannitol in reducing ICP while two other studies had results that were insufficient to establish statistical significance.
- Length of stay was shorter in patients given hypertonic saline than in the mannitol group (SMD=0.68, 95% CI: 0.17 to 1.17, p=0.008)
- Relative risk of mortality was comparable in both groups 1.36 (95%CI: 0.70 to 2.62, p=0.36)
- More episodes of hypotension and rebound increase in ICP was seen with mannitol.
- Both agents reported occurrences of acute kidney injury, hemolysis and hyperchloremic metabolic acidosis.

CONCLUSION

- While both agents effectively decreased intracranial pressure, 3% hypertonic saline showed better results compared with 20% mannitol.
- Due to the limited number and heterogeneity of studies, a pooled analysis of the effects in ICP could not be done.

RECOMMENDATIONS

Larger prospective controlled studies using 20% mannitol and 3% hypertonic saline in the treatment of increased ICP in the pediatric age group are needed to render valid affirmations.

KEYWORDS

Mannitol, Hypertonic Saline, Intracranial Pressure