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A COMPARISON OF THE INTRINSIC CEREBRAL VASODILATING POTENCIES OF HALOTHANE

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anesthetized

AND ISOFLURANE IN THE NEW ZEALAND WHITE RABBIT

Isoflurane (I) has been shown to cause lesser increases in cerebral blood flow (CBF) than halothane (H) in species 1,2. I has also been in several shown to cause a greater reduction in the cerebral metabolic rate for oxygen (CMRQ2) than equi-potent concentrations of H4. authors speculated that it might be this difference in the effects of H and I on CMRO, rather than a difference in their intrinsic (direct) cerebral vasodilating potencies which accounts for their disparate effects on CBF. To investigate this possibility, the CBF effects of H and I were compared during administration of a background anesthetic (deep barbiturate) designed to produce maximum antecedent suppression of CMRO, and thereby to preclude major additional volatile agent (VA) induced change in CMRO<sub>2</sub>.
Methods: Ten NZW rabbits were

with H, intubated and ventilated with 1-1.25% H and 60% N  $_{2}\mathrm{O}$  in O  $_{2}\mathrm{.}$  Immediately after placement of arterial and venous lines, H was discontinued and pentobarbital

lines, H was discontinued and pentobarbital (PB) was given IV as a loading dose (60mg.kg over 45-601mins) followed by an infusion (30mg.kg hr ). N2O was replaced with 60% N2. Temperature (servo-controlled to 37° C), EKG, EEG, blood pressure (BP), CVP, ICP (needle in cisterna magna), end-tidal (ET) CO2 and ET-VA concentrations (infrared analyzers) were monitored continuously. CBF was determined tored continuously. CBF was determined intermittently by hydrogen clearance in frontal and parietal cortex and in the dorsal hippocampus using platinum needles placed stereotacticly via small burr holes. In seven rabbits, a limited craniectomy was performed and a 23 gauge needle was placed

non-occlusively in the confluence of the sinuses (CS). CMRO, was calculated as the product of arterio-CS O, content difference x CBF (mean of 3 structures). Mean BP was maintained (phenlylephrine infusion) between 65-70mmHg and PaCO between 38-42mmHg throughout the study. After 90 mins of PB infusion, CBF and CMRO, were determined. Hor I (alternating basis) was then

introduced and, after 15 minutes at an ET concentration of 0.75 MAC, CBF/CMRO, determination was repeated. The VA was then omitted and after a 60 min "washout", a

CBF/CMRO2 study was performed. Thereafter, the second VA was introduced and a final CBF/CMRO<sub>2</sub> determination was made.

Results: The EEG was isoelectric at all times subsequent to the PB loading dose. The direction and relative magnitude of CBF changes in individual structures were similar and CBF results are expressed as the average of the three values. CBF during the two control states (PB only) prior to administration of H and I was not different (see Table). CBF was increased by a significant (p<.001, paired t) and similar amount during administration of both H and I (see Table). The doses of phenlylephrine required to support  $\overline{BP}$  were not different during either the control states or during administration of H and I. The CMRO, was not significantly different during the four study phases.

Discussion: In a previous study<sup>3</sup> performed in rabbits during anesthesia with N<sub>2</sub>O and morphine, 1.0 MAC H produced an increase in CBF while 1.0 MAC I resulted in no significant change. CMRO was not measured in that study, however in a similar feline study the pattern of CBF response to H and I was comparable and was associated with a significantly greater depression of CMRO, during I. By contrast, in the present study performed during barbiturate induced EEG isoelectricity (a state which prevented significant VA-induced depression of CMRO,) substantial and identical increases in CBF occurred during the administration of both H and I. These results suggest that the intrinsic (direct) vasodilating effects of H and I may be very similar. Furthermore, they are consistent with the suggestion that the lesser cerebral vasodilating effects of I observed in several models may reflect a greater offsetting "coupled" reduction in CBF occurring during the administration of I.
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	PB	PB+I	PB	PB+H
CBF (m1.100gm <sup>-1</sup> .min <sup>-1</sup> ) CMRO <sub>2</sub>	24.0 <u>±</u> 9.3	58.9 <u>±</u> 38.8	27.4±12.6	59.1±35.5
(m1.100gm <sup>-1</sup> .min <sup>-1</sup> )	1.69±.39	1.47±.65	1.65±.57	1.66±.36
(μg.kg <sup>-1</sup> .min <sup>-1</sup> )	1.73±1.2	4.35±1.9	1.83±0.9	4.53 <u>±</u> 2.7

Table. CBF, CHRO<sub>2</sub> and phenylephrine infusion rate before (PB) and during administration of 0.75 MAC isoflurane (PB+I) and halothane (PB+H). Statistical comparison in text.