

Neurogenic pulmonary edema (NPE) is an acute life-threatening complication of the central nervous system (CNS) injury. Anesthetics can either promote or inhibit the NPE development. We examined the role of different concentrations of isoflurane anesthesia (1.5 - 3%) on the development of NPE in rats with balloon compressed spinal cord. The development of NPE was examined in vivo and on histological sections of lung tissue. Neurological recovery in animals anesthetized with 1.5% or 3% isoflurane was monitored using BBB and plantar tests for 7 weeks post-injury. The grade of the spinal gray and white matter sparing was evaluated using morphometry. The role of gradually developed spinal cord lesion and spinal cord transection in the development of NPE were evaluated also. NPE developed in all animals anesthetized with 1.5-2% isoflurane. Almost 42% of animals died due to massive pulmonary bleeding and suffocation; X-ray imaging, pulmonary index and histological sections showed massive NPE. More than 71 % of animals anesthetized with 2.5-3% isoflurane had no signs of NPE. Blood pressure rose more rapidly in animals from 1.5% group than in 3% group; this hypertensive reaction was caused by the sympathetic hyperactivity. Animals from 3% group recovered their motor and sensory functions more rapidly than animals from 1.5% group; morphometry and MRI did not show significant difference. Gradual or incomplete spinal cord compression prevented the NPE development. NPE did not develop in the model of spinal cord transection. Low concentrations of isoflurane promote the NPE in rats with spinal cord injury and significantly complicate the recovery of neurological functions. The most likely mechanism of NPE development is the severe sympathetic discharge on the basis of increased intracranial pressure in an enclosed intracranial space above the spinal cord lesion site. This sympathetic hyperactivity might be prevented by a deeper anesthesia level.