

A new physiological model for studying the effect of chest compression and ventilation during cardiopulmonary resuscitation: The Thiel cadaver

Submitted by Beatrice Guillaumat on Wed, 08/28/2019 - 10:47

Titre	A new physiological model for studying the effect of chest compression and ventilation during cardiopulmonary resuscitation: The Thiel cadaver
Type de publication	Article de revue
Auteur	Charbonney, Emmanuel [1], Delisle, Stéphane [2], Savary, Dominique [3], Bronchti, Gilles [4], Rigollet, Marceau [5], Drouet, Adrien [6], Badat, Bilal [7], Ouellet, Paul [8], Gosselin, Patrice [9], Mercat, Alain [10], Brochard, Laurent [11], Richard, Jean-Christophe M [12], , [13]
Editeur	Elsevier
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Avril 2018
Pagination	135-142
Volume	125
Titre de la revue	Resuscitation
ISSN	1873-1570
Mots-clés	Airway Management [14], Cadaver [15], Cardiopulmonary Resuscitation [16], Embalming [17], Heart Arrest [18], Heart Massage [19], Humans [20], Intubation, Intratracheal [21], Lung [22], Positive-Pressure Respiration [23], Respiration [24], Respiration, Artificial [25]

Résumé en anglais

BACKGROUND: Studying ventilation and intrathoracic pressure (ITP) induced by chest compressions (CC) during Cardio Pulmonary Resuscitation is challenging and important aspects such as airway closure have been mostly ignored. We hypothesized that Thiel Embalmed Cadavers could constitute an appropriate model.

METHODS: We assessed respiratory mechanics and ITP during CC in 11 cadavers, and we compared it to measurements obtained in 9 out-of-hospital cardiac arrest patients and to predicted values from a bench model. An oesophageal catheter was inserted to assess chest wall compliance, and ITP variation (Δ ITP). Airway pressure variation (Δ Paw) at airway opening and Δ ITP generated by CC were measured at decremental positive end expiratory pressure (PEEP) to test its impact on flow and Δ Paw. The patient's data were derived from flow and airway pressure captured via the ventilator during resuscitation.

RESULTS: Resistance and Compliance of the respiratory system were comparable to those of the out-of-hospital cardiac arrest patients ($C = 42 \pm 12$ vs $C = 37.3 \pm 10.9$ mL/cmHO and $Res = 17.5 \pm 7.5$ vs $Res = 20.2 \pm 5.3$ cmHO/L/sec), and remained stable over time. During CC, Δ ITP varied from 32 ± 12 cmHO to 69 ± 14 cmHO with manual and automatic CC respectively. Transmission of Δ ITP at the airway opening was significantly affected by PEEP, suggesting dynamic small airway closure at low lung volumes. This phenomenon was similarly observed in patients.

CONCLUSION: Respiratory mechanics and dynamic pressures during CC of cadavers behave as predicted by a theoretical model and similarly to patients. The Thiel model is a suitable to assess ITP variations induced by ventilation during CC.

URL de la notice

<http://okina.univ-angers.fr/publications/ua20086> [26]

DOI

10.1016/j.resuscitation.2018.01.012 [27]

Lien vers le document

[https://www.resuscitationjournal.com/article/S0300-9572\(18\)30012-1/fulltext](https://www.resuscitationjournal.com/article/S0300-9572(18)30012-1/fulltext)

Autre titre

Resuscitation

Identifiant (ID) PubMed

29317351 [29]

Liens

- [1] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30418>
- [2] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30412>
- [3] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30419>
- [4] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30413>
- [5] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30415>
- [6] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30410>
- [7] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30416>
- [8] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30417>
- [9] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=38656>
- [10] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=930>
- [11] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=5121>
- [12] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=30420>
- [13] <http://okina.univ-angers.fr/publications?f%5Bauthor%5D=38658>
- [14] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=29061>
- [15] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=16389>
- [16] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=28838>
- [17] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=29062>
- [18] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=27054>

- [19] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=29063>
- [20] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=991>
- [21] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=29064>
- [22] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=1771>
- [23] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=6198>
- [24] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=1093>
- [25] <http://okina.univ-angers.fr/publications?f%5Bkeyword%5D=12781>
- [26] <http://okina.univ-angers.fr/publications/ua20086>
- [27] <http://dx.doi.org/10.1016/j.resuscitation.2018.01.012>
- [28] <https://www.resuscitationjournal.com/article/S0300-9572>
- [29] <http://www.ncbi.nlm.nih.gov/pubmed/29317351?dopt=Abstract>

Publié sur *Okina* (<http://okina.univ-angers.fr>)