RESUSCITATED OUT-OF-HOSPITAL CARDIAC ARREST WITH NO EVIDENCE OF NONCARDIAC CAUSE: POPULATION CHARACTERISTICS AND 30 DAYS OUTCOMES

Poster Contributions
Poster Hall B1
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Session Title: From Cardiac Arrest, LV Failure to Myocardium Salvage
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Background: Out-of-hospital cardiac arrest (OHCA) is a public health problem requiring invasive care, significant human and financial resources, but associated with poor outcomes. The aim of our study was to analyse the characteristics and the outcomes of patients (Pts) presenting OHCA at our institution.

Methods: Patients with OHCA and no evidence of noncardiac cause between January 2007 and November 2013 were retrospectively included. Demographic, electrocardiographic data, treatments were collected and analyzed. Follow up was based on survival at one month.

Results: Two hundred and fourteen Pts (158 men, 56 women) with a mean age of 59 years were included. An initial shockable rhythm was observed in 138 (64.5%) Pts, ST segment elevation in 88 (41.1%) Pts, and 125 (58.4%) Pts had coronary angiography. 75 (35.0%) Pts survived at one month, with good neurological prognosis in 48 (64.0%) Pts. Predictors of 30-day mortality were: older age (62.4 vs. 52.8, p<0.001), history of dyslipidemia (p=0.05), diabetes mellitus (p=0.02), initial non-shockable rhythm (p<0.001), absence of coronary angiography (69.3% vs. 52.5%, p=0.02), absence of therapeutic hypothermia (p=0.02), use of epinephrin bolus (p<0.001) and absence of witness (p=0.001). Angioplasty was not significantly associated with survival (63.5% vs. 54.8%, p=0.41).

Conclusion: Survival at 30 days after OHCA is low. Several predictors of mortality were indentified and could help to guide treatment strategy. In our study, performing angioplasty did not improve survival. The place of coronary angiography in this setting remains unclear, and deserve further investigations.