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IMPROVED OUTCOME OF EXTRACORPOREAL CARDIOPULMONARY RESUSCITATION FOR OUT-OF-HOSPITAL CARDIAC ARREST

Poster Contributions
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Background: Extracorporeal cardiopulmonary resuscitation (ECPR) had been considered adjuvant therapy for in-hospital cardiac arrest (IHCA). It was previously applied to out-of-hospital cardiac arrest (OHCA) with unsatisfactory result.

Methods: We reviewed our extracorporeal membrane oxygenation (ECMO) data that was prospectively collected, and analyzed those ECPR for OHCA in the past 5 years.

Results:There were 31 ECPR applications (8 female) for OHCA in 945 ECMO episodes in past 5 years (3.3%), with age 50.7 ± 15.3 years. The collapse to initial CPR was 3.9 ± 4.4 min, and the ischemic duration (collapse to ECMO) was 68.5 ± 35.3 min. The etiologies of collapse included acute coronary syndrome, electric shock, aortic dissection, intoxication, and unknown. Twenty interventions were performed in 18 patients, 17 percutaneous coronary angioplasty, and 3 surgical interventions. The mean ECMO support was 61.1 ± 48.2 hours, and the hospital stay was 17 ± 23 days. Survival to discharge was 38.7% and that with favorable neurological outcome was 25.8%. Survival was acceptable when ischemic duration was limited within 75 minutes. In the same period, the survival rate of ECPR for IHCA was 31.2% (81/259), similar to that for OHCA, p> 0.05.

Conclusion: In addition to beneficial evidence of ECPR for IHCA with cardiac origin, ECPR for some selected OHCA patients after prolonged CPR may have an acceptable survival and neurological outcome. ECMO may consider as an effective adjuvant therapy for some prolonged OHCA.

Relationship Between Survival or favorable outcome and ischemic duration

Ischemic duration	case count n (%)	Survival n (%)	Favorable outcome n (%)
< 30 min	0 (0%)		
< 45 min	8 (25.9%)	5 (62.5%)	4 (50.0%)
< 60 min	16 (51.6%)	8 (50.0%)	7 (43.8%)
< 75 min	22 (71.0%)	12 (54.5%)	8 (36.4%)
< 90 min	27 (87.1%)	12 (44.4%)	8 (26.6%)
Total	31 (100%)	12 (38.7%	8 (25.8%)