



## Targeted temperature management after out-of-hospital cardiac arrest: experience from Bosnia and Herzegovina

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Sudden cardiac arrest is one of the most unexpected, dramatic, and life-threatening events in medicine.<sup>1</sup> Although targeted temperature management is widely used in medical and coronary intensive care units in developed countries, this practice is still not widely used in developing countries. This is the first case report describing the use of targeted temperature management in patients after cardiac arrest in Bosnia and Herzegovina. When out-of-hospital cardiac arrest (OHCA) occurs in younger patients, we must diligently search for less frequent causes of cardiac arrest in the absence of structural heart disease. In this paper, we present three young patients experiencing non-coronary OHCA. The causes of cardiac arrest were: Wolf-Parkinson-White syndrome, drug overdose and long-QT syndrome. All patients were resuscitated according to the advanced cardiac life support guidelines. They were admitted to the medical intensive care unit, and treated with targeted temperature management (TTM), with a target temperature between 32°C and 36°C, which was maintained constantly for 24 hours. After completion of TTM all patients regained full consciousness and were discharged from hospital without any neurological sequelae. This report further demonstrates the feasibility of TTM in limited resource settings, and should encourage other intensive care units in Bosnia and Herzegovina and further afield to use TTM in adult patients after OHCA, because it is technically feasible in developing countries.

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**LITERATURE**

1. Neumar RW, Shuster M, Callaway CW, Gent LM, Atkins DL, Bhanji F, et al. Part 1: Executive Summary: 2015 American Heart Association Guidelines Update for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care. *Circulation.* 2015 Nov 3;132(18 Suppl 2):S315-67. <https://doi.org/10.1161/CIR.0000000000000252>