

PS07 Srčani zastoj sa smrtnim ishodom nakon uspješne kardiopulmonalne reanimacijeKarlo Grudić^a, Stjepan Herceg^a, Andrija Gregov^a, Dean Strinić^b^a Medicinski fakultet, Sveučilište u Zagrebu^b Klinička bolnica "Sveti Duh"DOI: <https://doi.org/10.26800/LV-143-supl3-PS07> Karlo Grudić (0000-0001-5393-207X), Stjepan Herceg (0000-0001-9543-4482), Andrija Gregov (0000-0002-6698-1038), Dean Strinić (0000-0001-6345-2037)

Ključne riječi: zastoj srca, plućna embolija, mehanička ventilacija, bubrežna insuficijencija

UVOD: Srčani zastoj je iznenadni gubitak protoka krvi zbog zatajenja srca koji često dovodi do gubitka svijesti i abnormalnog ili odsutnog disanja. Hitan tretman je kardiopulmonalna reanimacija (CPR). Najčešći uzrok je koronarna arterijska bolest, ali se srčani zastoj može dogoditi i zbog urođene bolesti srca, kardiomiopatije ili miokarditisa. Stopa preživljavanja bolničkih CPR-a je oko 20%.

PRIKAZ SLUČAJA: Predstavljamo 74-godišnju bolesnicu s ranijim komorbiditetima kao što su hipertenzija, hipotireoza, bubrežna insuficijencija i hiperlipidemija. Na psihijatrijskoj klinici pacijentica je prestala disati i nije imala opipljiv puls. Prvi tretman bio je automatiziranim vanjskim defibrilatorom (AED) i intravenskom primjenom 2 mg adrenalina. Nakon toga je primljena u hitnu gdje je nakon endotrahealne intubacije uz primjenu 1 mg adrenalina urađena kardiopulmonalna reanimacija. Pacijentica je postala hemodinamski stabilna, a daljnja dijagnostika pokazala je plućnu emboliju kao glavni uzrok srčanog zastoja. Pacijentici je pripisana antikoagulacijska terapija. Iako je naša pacijentica pokazivala znakove hemodinamske stabilnosti, oni nisu bili dugotrajni i nakon 3 sata ponovno postaje nestabilna te doživljava ponovni srčani zastoj, no ovaj put sa fatalnim ishodom.

ZAKLJUČAK: Ovim slučajem željeli smo naglasiti da iako CPR može hemodinamski stabilizirati pacijenta, to nije jamstvo za dugotrajno preživljavanje. Srčani zastoj može se ponoviti zbog nepovratnih oštećenja uzrokovanih početnim kardiopulmonalnim zastojem te je tada prognoza lošija nego u prvom slučaju.

Cardiac arrest with lethal outcome after successful cardiopulmonary resuscitation

Keywords: cardiac arrest, pulmonary embolism, mechanical ventilation, renal insufficiency

INTRODUCTION: Cardiac arrest is a sudden loss of blood flow due to heart failure often leading to loss of consciousness and abnormal or absent breathing. The immediate treatment is cardiopulmonary resuscitation (CPR). The most common cause is coronary artery disease, but cardiac arrest can also happen due to congenital heart disease, cardiomyopathy or myocarditis. The survival rate of hospital-performed CPR is around 20%.

CASE PRESENTATION: We present a 74-year-old female patient with earlier comorbidities such as hypertension, hypothyroidism, renal insufficiency, and hyperlipidemia. At the psychiatric clinic, patient had stopped breathing and didn't have a palpable pulse. The first treatment was with an automated external defibrillator (AED) and with intravenously 2mg of adrenaline. After that, she was admitted to the emergency room where CPR was performed following endotracheal intubation with the administration of 1 mg adrenaline. The patient had become hemodynamically stable and further investigation showed pulmonary embolism as the main cause of cardiac arrest. The patient was administered with anticoagulation therapy. Although she showed signs of hemodynamic stability they were not constant and after 3 hours she becomes unstable again and experienced another arrest, but this time with fatal outcome.

CONCLUSION: With this case, we wanted to emphasize that although CPR can hemodynamically stabilize a patient, that is not a guarantee for long-term survival. Cardiac arrest can occur again due to irreversible damage caused by the initial cardiopulmonary arrest and then the prognosis is worse than in the first case.