

4TH INTERNATIONAL SYMPOSIUM ON
Post Cardiac Arrest Care
FOCUSING ON neuroprognostication, follow-up, quality-of-life, rehabilitation

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Postanoxic SE: a practical approach

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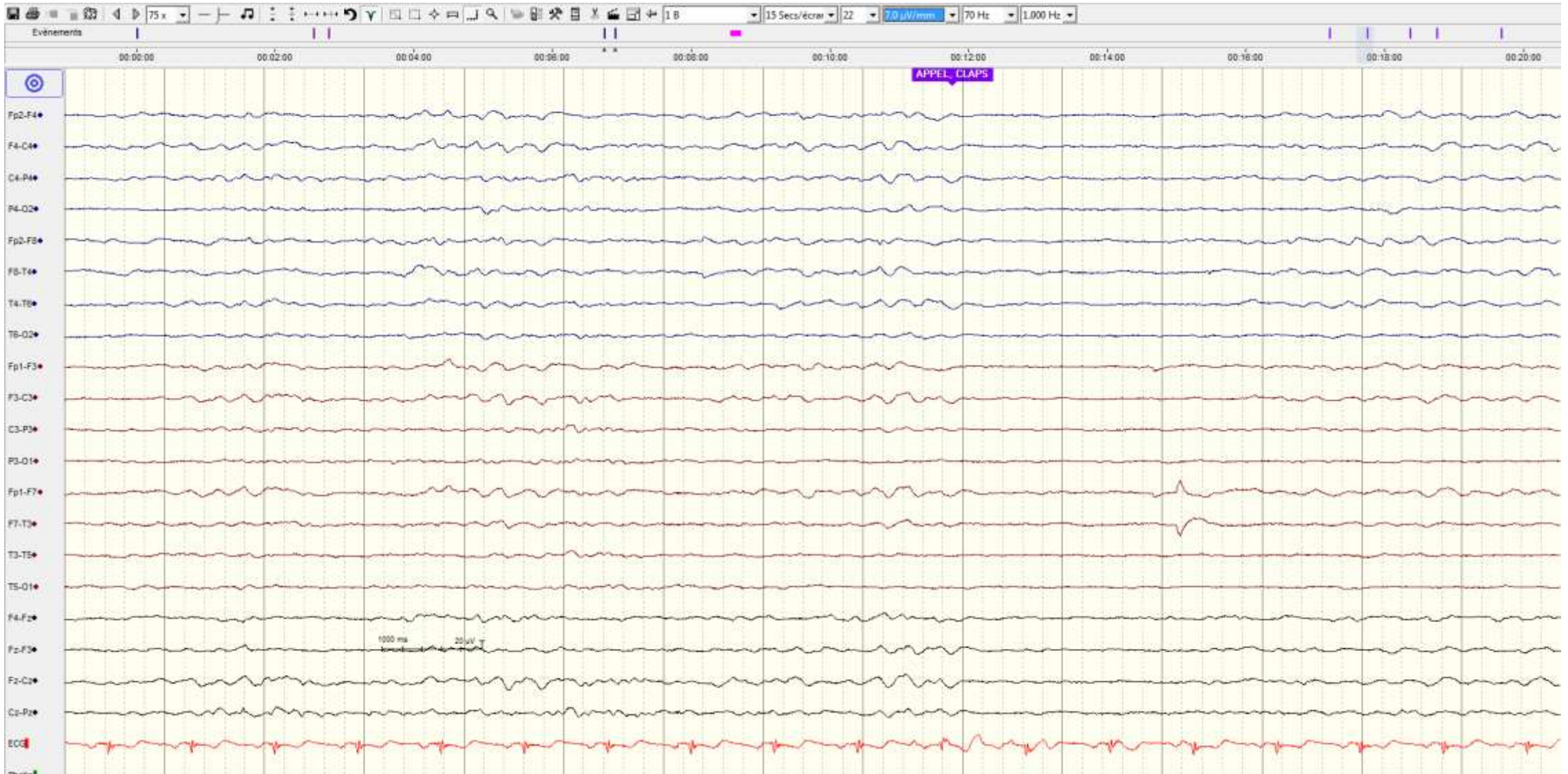


Clinical case

ipp525173

- March 1 2019: myoc. infarction → CA (VF, time to ROSC 60')
- PCA: truncular occlusion

EEG 26 hrs later (35.5°C, MDZ)



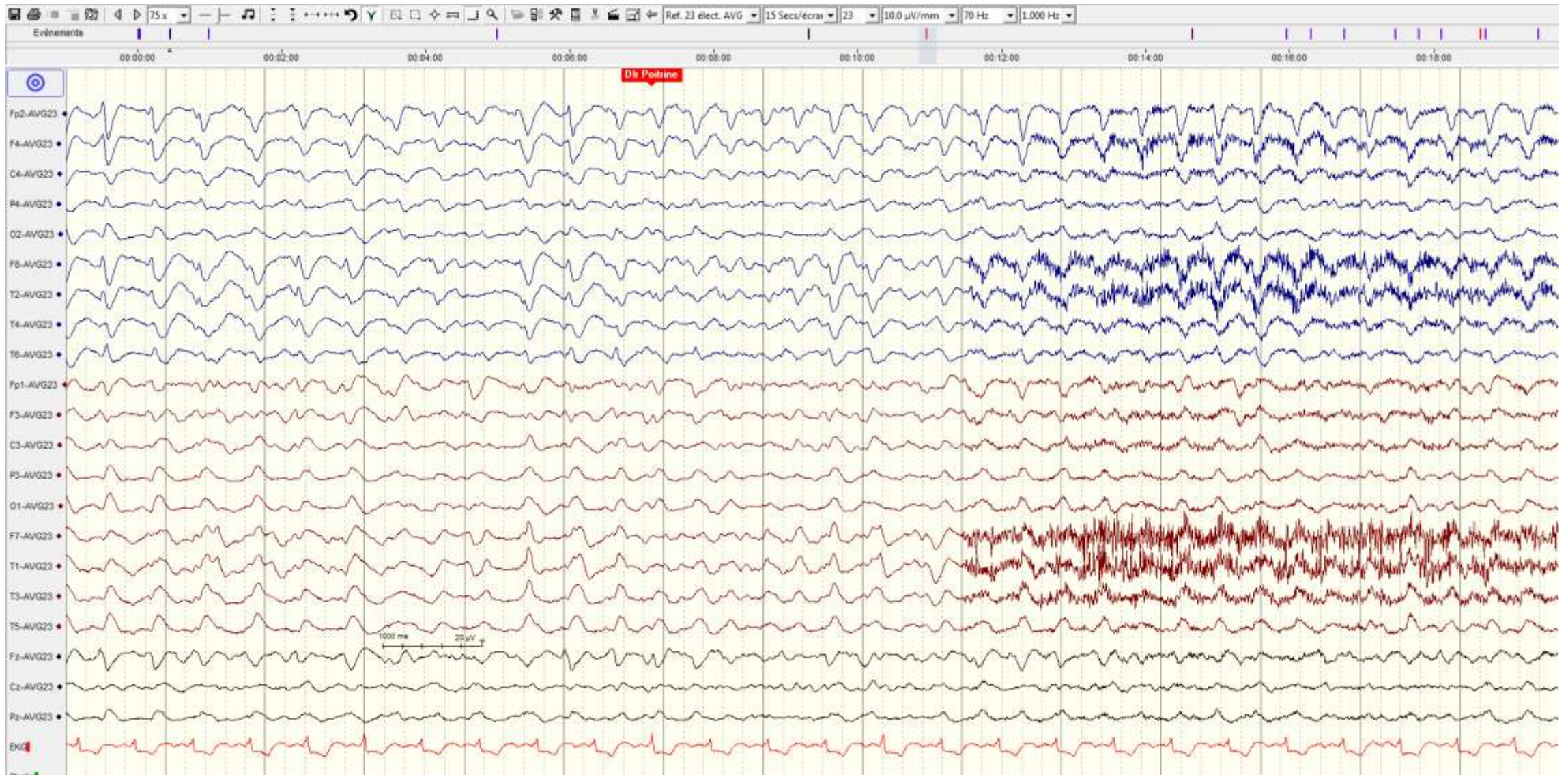
EEG 50 hrs later (normothermia, off sedation)



What would you do?

- A. Nothing
- B. Add LEV
- C. Add PRO
- D. Add THP

EEG 72 hrs later (LEV)



Further multimodal work-up

- FOUR (72 hrs, w/o sedation): E0, M3 (L>>R), B4, R1 = 8
- SSEP (72 hrs): N20 bilaterally identifiable
- NSE: 58.5 $\mu\text{mol/l}$ (24 hrs), 49.6 $\mu\text{mol/l}$ (48 hrs)

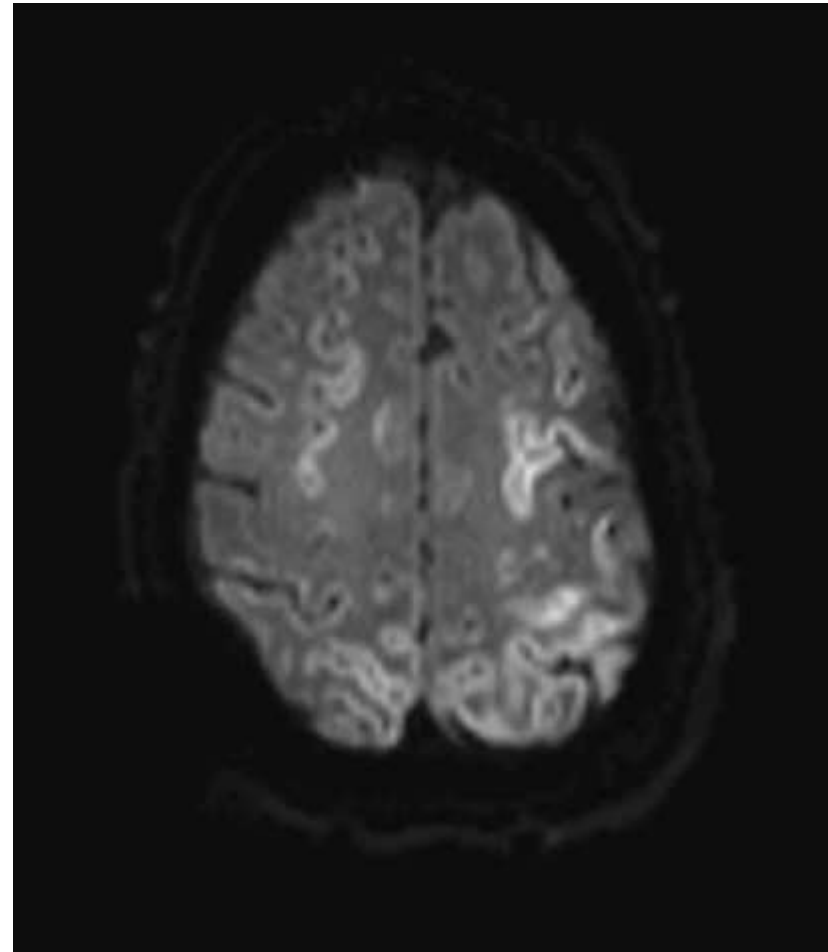
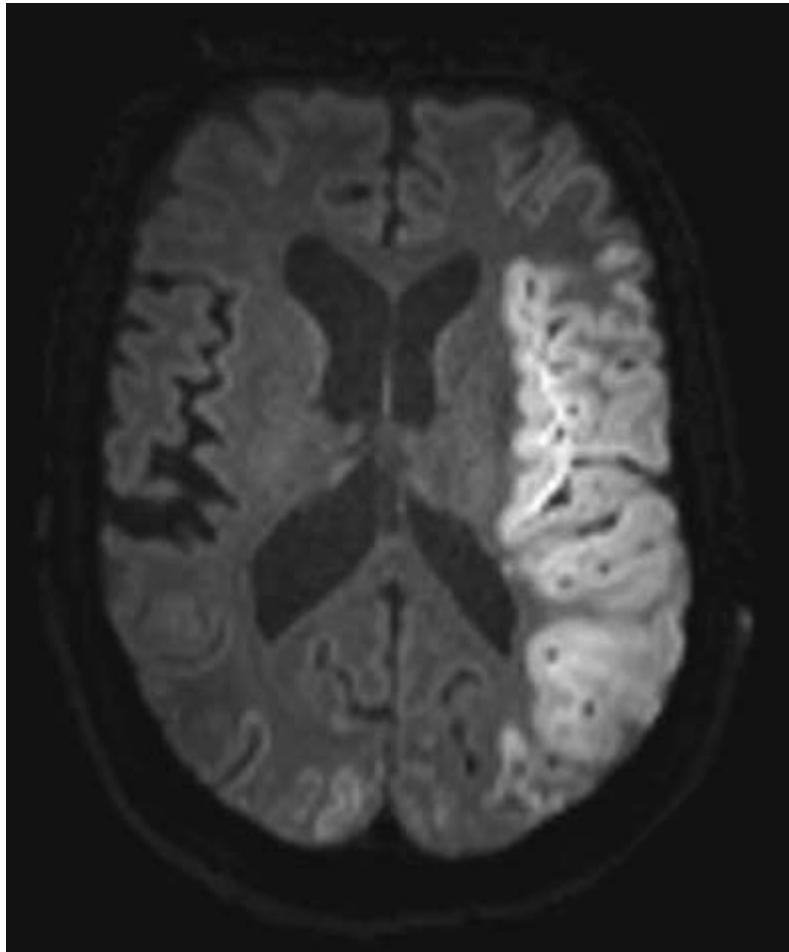
What would you do?

- A. Nothing
- B. Add VPA, PRO
- C. Add THP
- D. Add KET

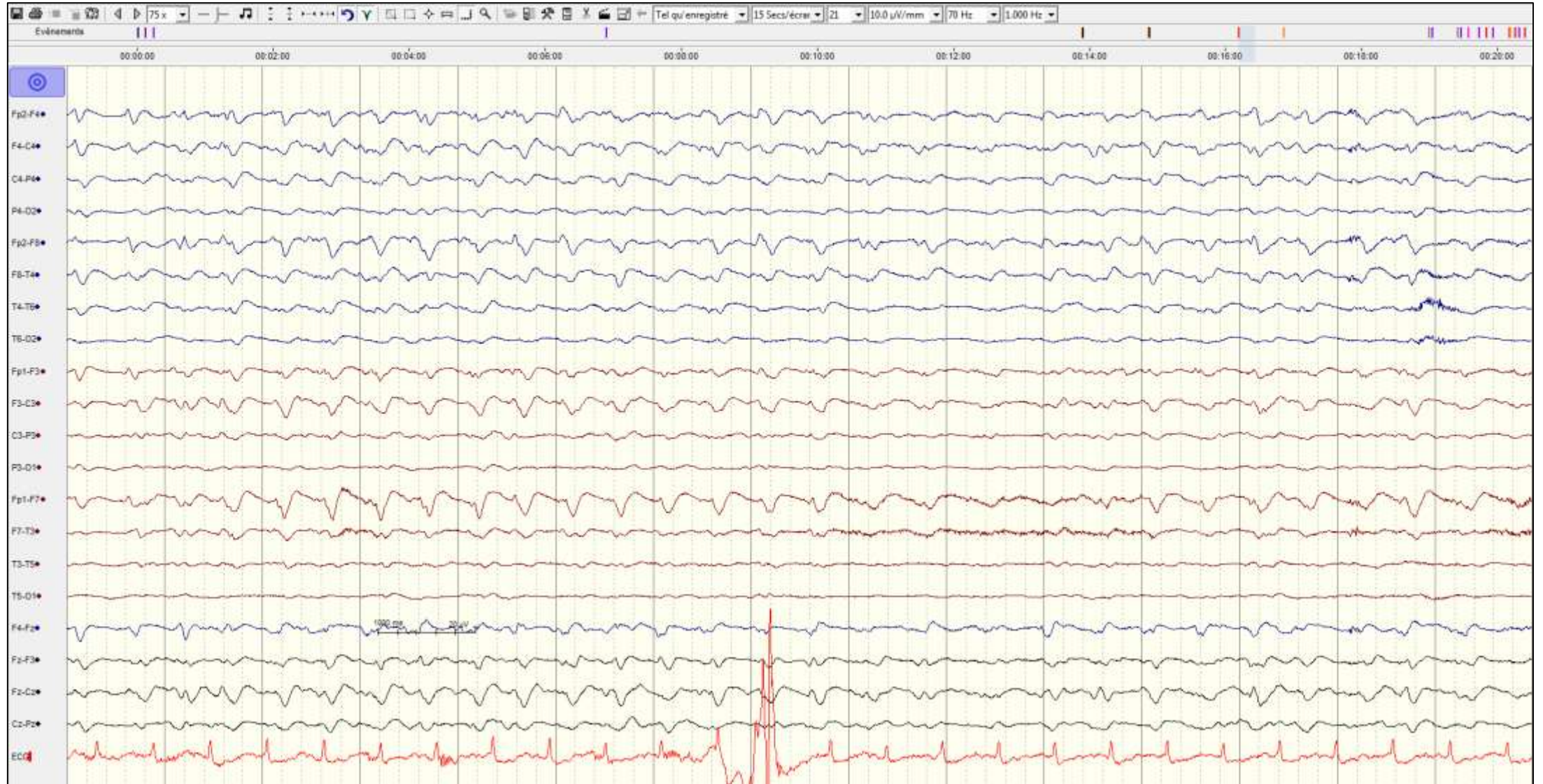
EEG 96 hrs later (LEV, VPA, PER, PRO)



Brain MRI (108 hrs)



EEG 120 hrs later (LEV, VPA, PER), after stimulation



What would you do?

- A. Treat for another 48hrs
- B. Treat for another 2 weeks
- C. Add THP
- D. WLST

Follow-up

- Decision of WLST (family advised he would not have wanted severe sequelae)

Clinical case

ipp142283

- Mrs B., 62 yo
- Kebab → vagal reaction and cardiac arrest (PEA, tt ROSC 8 min.)
- Coma with myocloni within hours → LEV, VPA, MDZ

EEG at 24h, 37.0°C; LEV, VPA, MDZ

Video-EEG

Further multimodal work-up

- FOUR (72 hrs, PRO/MDZ «window»): E1, M0, B4, R1 = 6
- NSE: 17.7 $\mu\text{mol/l}$ (24 hrs), 11.1 $\mu\text{mol/l}$ (48 hrs)

What would you do?

- A. Nothing
- B. Add VPA, PRO
- C. Add THP
- D. Add KET

Follow-up

Treated with LEV, VPA, CLZ, PRO/MDZ (3d), then TPM, piracetam

Interacting at 12 d

CPC at 6 months = 3

(side effect: after CA no more depressed for some years, then relapse)

EEG at 10 mo, VPA, piracetam

Video-EEG

