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BİLDİRİ ÖZETLERİ

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Intriguing Resuscitation Experience: Still There are Things to Remember

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Giriş / Amaç:

Up-to-date evidence-based guidelines for resuscitation are regularly renewed and should be followed to deal with the challenging cardiac arrest situations.[1] In this case report we want to bring into your attention a patient with prolonged cardiopulmonary resuscitation (CPR) with good neurological outcome.

Olgu:

A 49-year-old, American Society of Anesthesiologists (ASA) physical status II female was scheduled for an elective laparoscopic hysterectomy and oophorectomy due to abnormal uterine bleeding. After standard monitoring, routine anesthesia induction was performed. Hemodynamics, peripheral oxygen saturation, and temperature were within normal limits throughout the surgery. The surgery was completed uneventfully and lasted for seven hours in Trendelenburg position. Before extubation the patient became hypotensive. After extubation she was cyanotic, and pulseless electrical activity was noted. Immediately CPR was commenced in accordance with the last European Resuscitation Council guideline. Point-of-care ultrasound (POCUS) was performed to exclude “4H and 4T”s of resuscitation, and the reversible causes were treated accordingly. After 50 minutes of CPR the patient had spontaneous circulation with severe hypotension despite of vasopressor and inotropic support. We decided to perform extracorporeal CPR (E-CPR), which was rejected by cardiovascular surgeons. Upon recurrent arrest CPR was resumed. Following a total of three hours of CPR the patient was transferred to intensive care unit with vasopressor support. After one week of follow-up, she was extubated and transferred to ward under physiotherapy. Ultimately, she only had left upper extremity paresis as a sequela, which was improving. Post-resuscitation cerebral magnetic resonance imaging (MRI) revealed hypoxic areas in the right occipital lobe (Figure 1). An informed consent was obtained from the patient for publication.