

第14回蘇生科学シンポジウム (J-Ress)

第49回日本集中治療医学会学術集会
共同開催



日本集中治療医学会
THE JAPANESE SOCIETY OF INTENSIVE CARE MEDICINE

教育セミナー (J-ReSS ランチヨン) 17

TTM and Post-cardiac arrest care: A new era

日時 2022年3月19日(土) 12:10 ~ 13:10

会場 第6会場 (仙台国際センター会議棟 3F 白檀1)

座長



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演者



Benjamin S. Abella, MD, MPhil, FACEP, FAHA

Professor and Vice Chair for Research Director,
Center for Resuscitation Science Department of Emergency Medicine
Perelman School of Medicine University of Pennsylvania

※ 同時通訳などの予定はございません



セミナーにご参加いただくためには、事前に学会参加登録が必要となります。
詳細は、学術集会ホームページをご確認ください。

<https://www.jsicm.org/meeting/jsicm49/index.html>



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TTM and Post-cardiac arrest care: A new era

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Following resuscitation from cardiac arrest, many patients do not survive to hospital discharge, and among survivors, longstanding neurologic injuries are common. This morbidity and mortality is a consequence of the post cardiac arrest syndrome (PCAS), a set of challenging clinical injuries that has proven difficult to manage in patients after return of spontaneous circulation. Post-arrest care includes many approaches to address PCAS, including careful blood pressure and oxygen management, neurologic monitoring, and the use of targeted temperature management (TTM). TTM, the intentional control of core body temperature as a treatment approach to improve outcomes, has been supported by multiple randomized controlled trials and observational studies that suggest that lowering of core body temperature to 33°C improves survival and neurologic outcomes. However, two randomized trials from the same investigative group in Sweden have called into question whether TTM is required, or whether aggressive avoidance of fever is sufficient during post-arrest care. In this lecture, the TTM1 and TTM2 trials will be reviewed, highlighting the issue of generalizability. Can the results from these trials be applied to clinical care in the US and Japan, for example, where bystander CPR rates and survival is much lower than noted in the TTM1 and TTM2 trials? Newer studies from the US and Japan have suggested that perhaps a more patient-specific approach may be the way forward in a new era of post-arrest care design. These studies suggest that patients with more significant post-arrest injuries benefit from deeper cooling, while patients with milder injuries do not. In this talk we will also review general principles of high-quality post arrest care, including the role of neurologic monitoring, avoidance of early care withdrawal, and blood pressure management. We will discuss what the future of post-arrest care may look like, and what key knowledge gaps remain in the field.

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