EMAT
Türkiye Acil Tıp Derneği
EMERGENCY MEDICINE ASSOCIATION OF TURKEY

EACEM
the eurasian congress on emergency medicine

7TH EURASIAN CONGRESS ON EMERGENCY MEDICINE

&

17TH TURKISH CONGRESS ON EMERGENCY MEDICINE

Hope is Rising

NOVEMBER 25-28, 2021

KAYA PALAZZO HOTEL

ANTALYA - TURKEY

WWW.EACEM.ORG



ABSTRACT BOOK

Kurullar/ Boards	3
Bilimsel Program / Scientific Program	5
Konuşma Özetleri / Abstracts	35
Sözlü Bildiriler / Oral Presentations	205
Poster Bildiriler / Poster Presentations	364
Tam Metinler / Full Text Presentations	667

KURULLAR / BOARDS

TATD YÖNETİM KURULU
EMERGENCY MEDICINE ASSOCIATION OF TURKEY (EMAT)
EXECUTIVE COMMITTEE

Başkan / President
Süleyman TÜREDİ

Başkan Yardımcısı / Vice President
Orhan ÇINAR

Genel Sekreter / General Secretary
Bülent ERBİL

Sayman / Treasurer
Serkan YILMAZ

Üyeler / Board Members
Haldun AKOĞLU
Özge DUMAN ATİLLA
Murat ÇETİN
Serkan Emre EROĞLU
Murat ORAK
Ayhan ÖZHASENEKLER
Sevilay Sema ÜNVER

KONGRE DÜZENLEME KURULU
CONGRESS ORGANIZING COMMITTEE

Kongre Başkanı / President of Congress
Süleyman TÜREDİ

Kongre Genel Sekreteri / General Secretary of Congress
Rıdvan ATİLLA

Kongre Bilimsel Sekreterleri / Int. Scientific Secretary of Congress
Srinath KUMAR TS

Kongre Sekreterleri / Organizing Secretary of Congress
Onur KARAKAYALI
Müge GÜNALP ENEYLİ
Murat ÇETİN

KURULLAR / BOARDS

SOSYAL DÜZENLEME KURULU
SOCIAL ORGANIZING COMMITTEE

Selin BULUT
Faruk DANIŞ
Merve EKŞİOĞLU
Ömer Yusuf ERDURMUŞ
Süleyman İBZE
Melih İMAMOĞLU
Mustafa İPEK
Çağlar KUAS
Emre ŞANCI
İlhan UZ
Metin YADİGAROĞLU
Gökçe ÖZBAY YENİCE
Sarper YILMAZ

BİLDİRİ DEĞERLENDİRME KURULU
ABSTRACT EVALUATION BOARD

Nurettin Özgür DOĞAN (Kurul Başkanı / President of The Board)
Ersin AKSAY
Gökhan AKSEL
Erdem ÇEVİK
Neşe ÇOLAK
Şeref Kerem ÇORBACIOĞLU
Arzu DENİZBAŞI
Mehmet Ali KARACA
Tuba CİMİLLİ ÖZTÜRK
Özlem YİĞİT

P-041 NON-INVASIVE VENTILATION IN ACUTE HEART FAILURE: A PROSPECTIVE OBSERVATIONAL STUDY

Nurdan Acar[1], Mustafa Emin Çanakçı[1], Selda Murat[2], Yüksel Çavuşoğlu[2]

[1]Department of Emergency Medicine, Eskisehir Osmangazi University, Eskisehir, Turkey
[2]Department of Cardiology, Eskisehir Osmangazi University, Eskisehir, Turkey

OBJECTIVE: Acute heart failure (AHF) is a common problem encountered in the emergency department (ED). The major treatment options are diuretic, nitrates and non-invazive mechanical ventilation (NIMV). NIMV rapidly improves the respiratory distress and reduces the need for intubation and even mortality in patients with acute cardiogenic pulmonary edema. We aimed to determine the need for NIMV and to evaluate the clinical outcomes of patients diagnosed with AHF in the emergency department.

MATERIAL and METHODS: This prospective, observational, and single-center study was conducted in ED of Eskisehir Osmangazi University. The patients (18 and older) with acute HF symptoms and findings included to the study. Patients who underwent endotracheal intubation in the ED were excluded. Patients' characteristics, laboratory findings and outcomes (length of ED stay, length of hospital stay, in-hospital death and 90-day outcome) evaluated.

RESULT: A total of 700 patients with AHF presented (median age was 73 [66-80] years and 45.3% female) were enrolled. Of the patients, 87 (12.4%) were taken NIMV treatment. The median age of the NIMV group was 76 [67-80], and the median age of the non-NIMV group was 73 [66-80] (p=0.364). While 42.5% (n=37) of NIMV group were female, 45.7% (n=280) were female in the non-NIMV group (p=0.581). Patients with AHF and COPD (as comorbidity) received NIMV more than AHF without COPD (41.4% vs. 22.7%, p<0.001). There was no statistically significant difference between the NIMV group and the non-NIMV group in terms of hypertension, diabetes mellitus and atrial fibrillation/flutter as comorbidities. (p=0.426, p=0.624, p=0.100, respectively). Systolic blood pressure and respiratory rate was statistically higher and was statistically lower in NIMV group (p=0.014, p<0.001 and p<0.001 respectively). Laboratory findings, in-hospital and short-term outcomes are summarized in table 1.

CONCLUSION: The clinical situation (systolic blood pressure, respiratory rate, oxygen saturation) is more critical, outcomes (admission to CCU/hospital, in hospital and 90-day death) is higher in patients with AHF receiving NIMV therapy. NIMV should be one of the initial treatment modalities in patients with AHF with poor clinical characteristics.

Keywords: acute heart failure, emergency department, NIMV