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S-045 EVALUATION OF RESUSCITATION PERFORMED IN OUT-OF-HOSPITAL AND IN-HOSPITAL CARDIAC ARRESTS IN ONCOLOGICAL CASES

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OBJECTIVE: Despite the efforts, resuscitation from out-of-hospital cardiac arrest (OHCA) is successful in only one-third of patients, and only about 9 percent of all patients are ultimately discharged from the hospital, many of whom are neurologically impaired. The outcome of patients who experience in-hospital cardiac arrest (IHCA) is poor, with reported survival to-hospital discharge rates of 9 to 25 percent. The comorbidities associated with survival after IHCA are active malignancy, congestive heart failure, chronic kidney disease, chronic obstructive pulmonary disease and diabetes mellitus (DM)We aimed to evaluate the oncological cases admitted to our emergency department as arrest (OHCA) or arrest in the emergency department (IHCA).

MATERIAL and METHODS: This study was conducted to evaluate oncologic patients with cardiac arrest. Patients over the age of 18 years who have had out-of-hospital cardiac arrest (OHCA) and who underwent cardiopulmonary resuscitation (CPR) during emergency follow-up (IHCA) were included. 109 patients underwent CPR and had an oncological diagnosis and 109 patients in the control group were compared.

RESULT: The median age of study patients was 65.00 (58.00-76.00). Patients with the oncological diagnosis were more likely to have an IHCA [OR: 2.98 (95% CI: 1.68-5.30), p <0.001]. IHCA and OHCA rates of patients without an oncological diagnosis were similar. Solid organ malignancies were observed in 102 patients (93.6%). The initial rhythm of 88 (80.7%) patients in the oncological arrest group was asystole. Similarly, the initial rhythm in the control group was asystole in 77 (70.6%) patients. Pulseless electrical activity was observed in 17 (15.6%) patients in the study group, while in 24 (22.0%) patients in the control group. Although there was no statistically significant difference between the study and control groups in terms of the length of stay in the intensive care unit, the non-oncological group stayed longer.

CONCLUSION: The presence of cancer is a bad prognostic factor for the success of CPR. Neurological complications ranging from memory loss after CPR to vegetative state and even brain death are important factors affecting success and survival after CPR in these patients. In oncological arrests, it is necessary to be more careful about cardiac causes such as cardiac tamponade.

Keywords: oncologic, arrest, IHCA, OHCA, emergency department