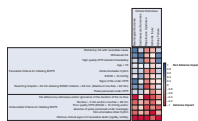


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IMPACT BETWEEN THE FAVORABLE AND UNFAVORABLE CRITERIA FOR INITIATING



EXTRACORPOREAL CARDIOPULMONARY RESUSCITATION AND CLINICAL OUTCOMES

To the Editor:

Neurologic complications seriously affect the survival and quality of life in patients with extracorporeal cardiopulmonary resuscitation (ECPR) undergoing cardiac arrest.¹

Cardiac arrest is a major public health issue. Its incidence in North American and Europe approximates 50 to 100 cases per 100,000. Cardiovascular etiologies account for half of the cases documented. Indeed, this poor survival has brought interest in the development of a combined approach of conventional resuscitation techniques by means external cardiac compressions and defibrillation with extracorporeal life support by the use of extracorporeal membrane oxygenation.² In this context, we read with great interest the article by Zhai and colleagues¹: “Neuroprotective Effect of Selective Hypothermic Cerebral

Perfusion in Extracorporeal Cardiopulmonary Resuscitation: A Preclinical Study.” The authors presented a study aimed to repurpose selective hypothermic cerebral perfusion as a novel approach to protect the brains in patients undergoing ECPR. The preliminary study data concluded that selective hypothermic cerebral perfusion may serve as a potential therapy to attenuate brain injury via downregulation of neuroinflammation in patients with ECPR. In this context, we share the graphical representation of our case series of 50 patients who underwent ECPR in our hospitals. We represented the favorable and unfavorable criteria for initiating an in-hospital ECPR for an out-of-hospital cardiac arrest for the clinical outcomes: neurological, cardiovascular, reperfusion syndrome, ischemic injury, and kidney failure. The blue color code shows the absence of adverse impact, and the red code shows the presence of adverse impact between the favorable and unfavorable criteria for initiating ECPR and clinical outcomes.

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