Risk of myocardial contusion in cardiac arrest patients resuscitated with mechanical chest compression device.

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Abstract

There is evidence suggesting that the ability to achieve return of spontaneous circulation (ROSC) with mechanical chest compression devices (mCCD) is significantly improved when compared with manual chest compressions [1]. Another important advantage of mCCD is uninterrupted chest compressions during coronary intervention in catheterization laboratory. However, the benefit of mCCD has not been confirmed yet in randomized controlled trials (RCT) [1–4]. The aim of the study was to evaluate the use of a mCCD in patients who suffered from circulatory arrest requiring prolonged resuscitation.