

Multimodal Approach for Prognostication after Cardiac Arrest: post hoc analysis of a multicentric cohort

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INTRO

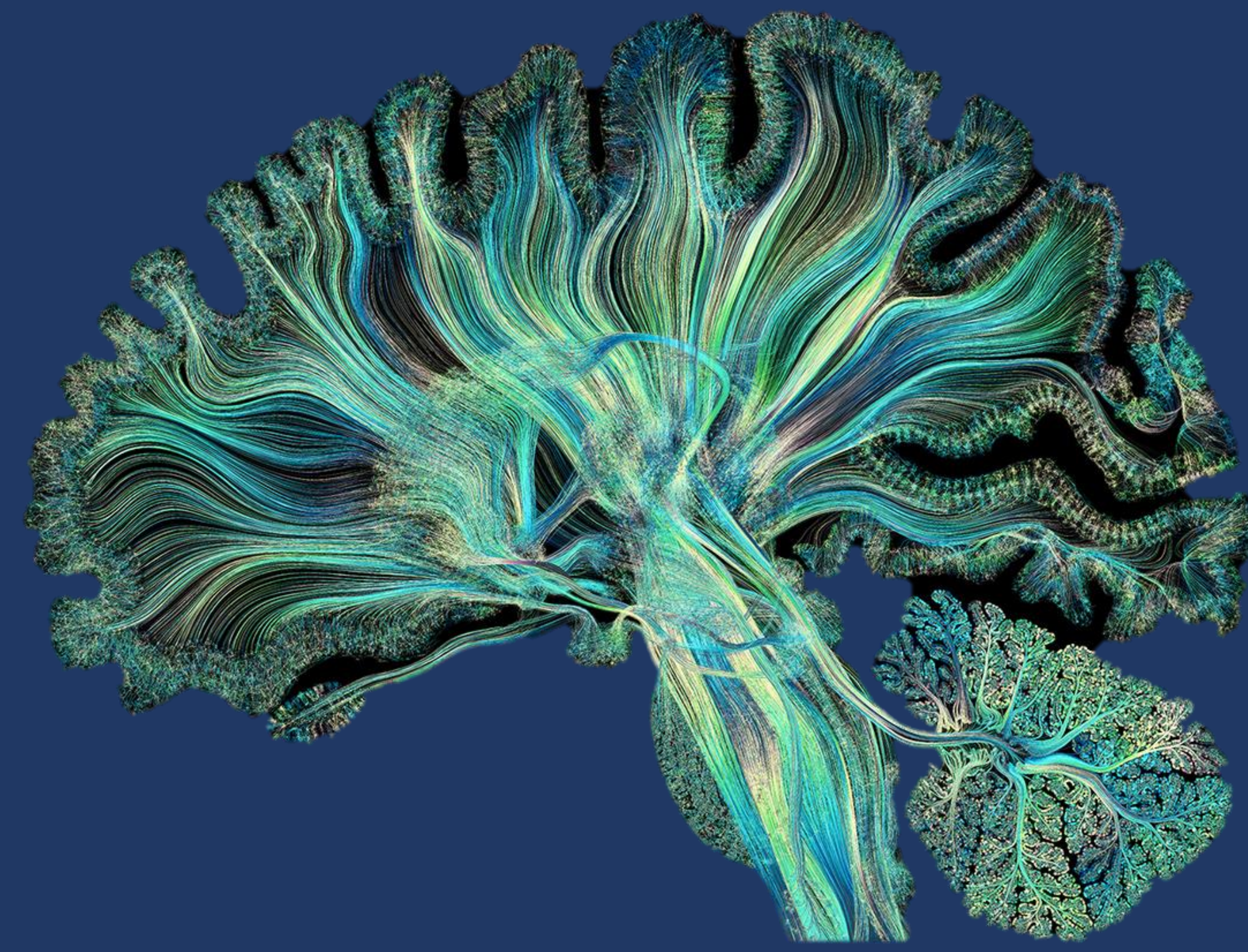
- International Guideline recommended pupillary light reflex (PLR) and/or cortical response (N20) to short-latency somatosensory evoked potentials (SSEPs) at 72 hours after return outcome in comatose patients after cardiac arrest to spontaneous circulation as the only strong predictors of unfavorable

METHODS

- Post hoc analysis of an international multicenter (n=10; n=456 patients) prognostic study on automated pupillometry in comatose post-CA patients. We included 186 patients.
- The primary endpoint was the accuracy of NPI in predicting 3-month unfavorable neurological outcome (UO).
- Patients with findings on PLR, SSEPs, NPI and EEG, highest NSE were included.

CONCLUSIONS

- This study suggests the a multimodal approach, including NPI, EEG, SSEPs and NSE, could identify a higher proportion of patients with UO but with higher FPR.



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