

第 85 回日本循環器学会学術集会

2021 年 3 月 26 日～3 月 28 日 パシフィコ横浜ノース /WEB ハイブリッド開催

■シンポジウム 25 (Emer/Med Policy/New Fields)

CCU で勤務するためにこれだけはしておきたい集中治療の最新の話

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今回のセッションでは、循環器内科医が集中治療に関する新しい知識を幅広くカバーできる内容を企画しています。CCUは、まぎれもなく循環器疾患診療の要です。1962年に初めて米国で設置されたCCUは、その歴史が60年になろうとしています。この間、急性心筋梗塞症の診療は劇的な進歩を遂げて、その死亡率が5%前後になっています。しかしながら、院内死亡率をゼロにはできず、さらには院外心停止の問題も未解決です。いまや、循環器救急診療は、災害やパンデミックなどの環境要因からも大きな影響を受ける時代になり、さまざまなことがパラダイムシフトしようとしています。21世紀の循環器救急のさらなる進歩を展望するために、現時点での集中治療最新の話題を最先端の現場から、報告していただき、一人ひとりの患者さんによりフィードバックができて、循環器内科医が幅広い知識を網羅できるようなセッションになることを希望します。

演者 1 :

Current Intensive Care for Post-cardiac Arrest Syndrome of Out-of Hospital Cardiac Arrest

遠藤 智之 (東北医科薬科大学 救急・災害医療学)

For out-of cardiac arrest patients, the return of spontaneous circulation is not the goal of resuscitation. In order to obtain the best possible neurological outcome, resuscitation guidelines have been focused on the multidisciplinary post-cardiac arrest care for decade including early percutaneous coronary intervention, optimal oxygenation, optimal ventilation, hypotension management, targeted temperature management, glucose control, seizure control and delayed neuroprognostication. Recently aggressive intervention with veno-arterial extracorporeal membrane oxygenation either during cardiopulmonary resuscitation(E-CPR) or post resuscitation shock has been deployed in advanced cardiac arrest centers in some developed countries and the current randomized control trial in United States has revealed the efficacy of E-CPR combined with both early percutaneous coronary intervention and targeted temperature management for out-of hospital refractory ventricular fibrillation. Since there are still no definite neuroprognostication tools in the very early phase, in patients who remain comatose after cardiac arrest, neuroprognostication should be delayed until adequate time has passed at least 72 hours. Once out-of cardiac arrest patients recover from comatose condition, survivorship plans that address treatment, surveillance and rehabilitation need to be provided to them and their caregivers at hospital discharge to address the sequelae of cardiac arrest and optimize transitions of care to independent physical, social, emotional, and role function. Furthermore structured assessment for anxiety, depression, posttraumatic stress, and fatigue for cardiac arrest survivors and their caregivers should be offered. In this session, the current evidence and recommendation for post-cardiac arrest patients will be shown based on 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science With Treatment Recommendations.

キーワード

cardiopulmonary resuscitation／extracorporeal circulation

演者 2 :

VV-ECMO and COVID-19 -The Latest Topics in Intensive Care That You Need to Know to Work in the CCU

竹内 一郎 (横浜市立大学 救急医学)

In 2020, Severe Acute Respiratory Syndrome Corona Virus 2(SARS-CoV-2) have dramatically changed life style and Medical System in Japan. The Japanese Circulation Society and CVIT reported the influence of COVID-19 in ACS treatment. Some reports from Europe showed the increase of MI death and increase of HF due to IHD.VV-ECMO is essential tool for severe COVID-19 patients. Japanese VV-ECMO result in COVID-19 is best in the world compared by ELSO registry data. Japanese COVID-19 ECMO Net has revealed that Japanese mortality rate is 30-35% (successfully weaned case is 292, death 89 case, on Dec 1st data). The reason is 1. used the big cannula (for example drainage cannula 24Fr return cannula 19Fr) compared by PCPS cannula. 2. ECMO team establishment combined with Dr, Nrs and Medical Engineer. 3. Education system 4. ECMO primary transport system (but those system is just established only in specialized area)In this session, we will discuss those VV-ECMO as latest topics in intensive care for young cardiologists.

キーワード

extracorporeal circulation／viruses

演者 3 :

New Therapeutic Strategies of Acutely Decompensated Heart Failure

佐藤 直樹 (かわぐち心臓呼吸器病院 循環器内科)

The number of hospitalized patients with acutely decompensated heart failure (ADHF) is increasing globally and post-discharge events rates remained extremely high. No novel drugs have not been developed to improve the outcome of ADHF patients over the past several decades. However, recently novel drugs, which improve the outcome in chronic HF with reduced left ventricular ejection fraction, have been developed. Furthermore, recent studies suggested the possibilities to improve the outcome of ADHF by early initiation of those drugs during hospitalization. Based on these approaches, new therapeutic strategies could be suggested, that is, early treatments in the acute phase should focus on improvement of clinical congestion, and then novel pharmacological therapies, which have already been shown to improve outcome of HF, should be initiated as soon as possible hemodynamics are stabilized.

キーワード

heart failure／drug administration