

Images

Hot spots

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A 48-year-old man with out-of-hospital cardiac arrest due to acute myocardial infarction was admitted under cardiopulmonary resuscitation. Basic life support was initiated by bystanders. Paramedics successfully defibrillated the patient immediately after arrival. Due to low output, resuscitation was continued, and external cooling of the patient was initiated. For this purpose, large ice packs were placed in the groin and above the bladder. For this purpose, large ice packs were placed in the groin and above the bladder.

The patient was admitted to the university heart centre for emergency catheterization. While preparing for rescue percutaneous intervention, several reddened skin lesions were observed. The obvious “hot spots” were located on both sides in the groin and above the bladder, with extension to the genital region, complicating the ability to catheterize the patient (Figure 1). The rest of the body surface was not affected, and no infectious source for the skin lesions was evident.

After successful percutaneous intervention of the left descending coronary artery, the patient’s condition improved. However, the skin injuries—arising as a result of prolonged direct contact of the ice packs with the skin—ultimately required surgical debridement. Ten days later, the patient was discharged to a rehabilitation centre.

Therapeutic hypothermia after cardiac arrest is recommended to improve the outcome in high-risk patients.¹ Shivering, electrolyte disturbances, and cardiac arrhythmias are well-known hypothermia-associated complications.¹ Iatrogenic complications related to the induction of hypothermia are less well known. We report this case because injudicious use of ice packs in settings such as resuscitation after cardiac arrest may occur, potentially resulting in skin injuries (frostbite),



Figure 1. Erythema-like skin lesions after the use of ice packs for therapeutic hypothermia.

such as occurred with this patient. Wrapping the ice packs may prevent this complication.

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