A 78-year-old woman without any cardiovascular history had a sudden circulatory collapse in the ward. She had been admitted for treatment of hepatocellular carcinoma. Her initial cardiac rhythm showed pulseless electrical activity. After 4 minutes of advanced life support, return of spontaneous circulation (ROSC) was obtained. Her ECG showed ST elevation in aVR with large ST depression in widespread leads (Picture 1A). Diffuse and thick subarachnoid hemorrhage (SAH) was observed on her head computed tomography (Picture 1B), but her echocardiogram revealed normal left ventricular contraction.

SAH is known as one of the etiologies of cardiac arrest (1), and is often accompanied by abnormal ECG findings (2). Catecholamine surge following brainstem damage has been considered to produce these conditions. Although ECG after ROSC suggested severe myocardial ischemia, SAH seemed to be the cause of cardiac arrest in this patient.

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References