

ポスター



▼ セッション

演題

P22-4 既読



CPR後の動脈性出血に対してTAEを行った3例
Three Cases of TAE Performed for Arterial Hemorrhage Following CPR

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Various vascular injuries have been reported following CPR. According to the literature, hemorrhage has been documented from sources such as the coronary arteries, internal thoracic arteries, intercostal arteries, and abdominal organs including the liver. Most reports are case-based, and the incidence of each type of vascular injury remains unclear; however, aggressive management with embolization or surgical hemostasis has been considered effective for improving survival. At our institution, the Department of Emergency and Critical Care receives approximately 150 CPA cases (from April to November 2025), and active resuscitation and post-resuscitation management are performed. In addition, 24-hour emergency IVR services by board-certified interventional radiologists were reinstated in April 2025. By the end of November of the same year, we encountered three cases of arterial hemorrhage after CPR that were managed with TAE. All patients survived. We present these cases along with a brief review of the relevant literature. Case 1: A man in his 60s presented after loss of consciousness. CT on arrival revealed arterial hemorrhage from the left internal thoracic artery, and TAE was performed. Case 2: A man in his 40s presented after loss of consciousness. Medical history included postoperative gastric cancer. Arterial hemorrhage from the right hepatic artery was identified, and TAE was performed. Case 3: A man in his 70s developed CPA while seeking assistance at a local police station due to feeling unwell. TAE was performed for hemorrhage from the right internal thoracic artery.