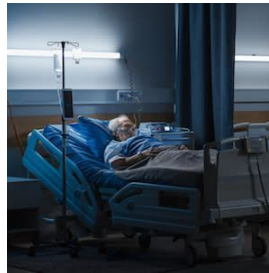
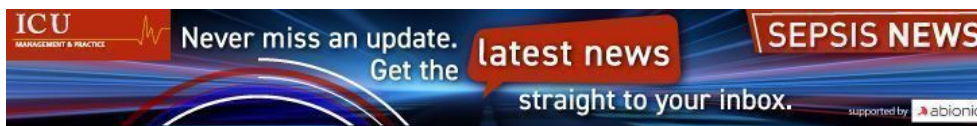


Remote Ischaemic Conditioning in Septic Shock



Septic shock is one of the most severe complications of any infection. It affects millions of people each year. Studies show that in the U.S. and Europe, nearly 10% of patients admitted to the ICU have septic shock. Significant efforts have been made to recognise and treat septic shock early. Still, over 50% of patients die of septic shock within days or weeks after diagnosis. Thus, there is a need for new therapeutic approaches to limit the incidence of multiple organ failure due to septic shock and improve the prognosis of this disease.

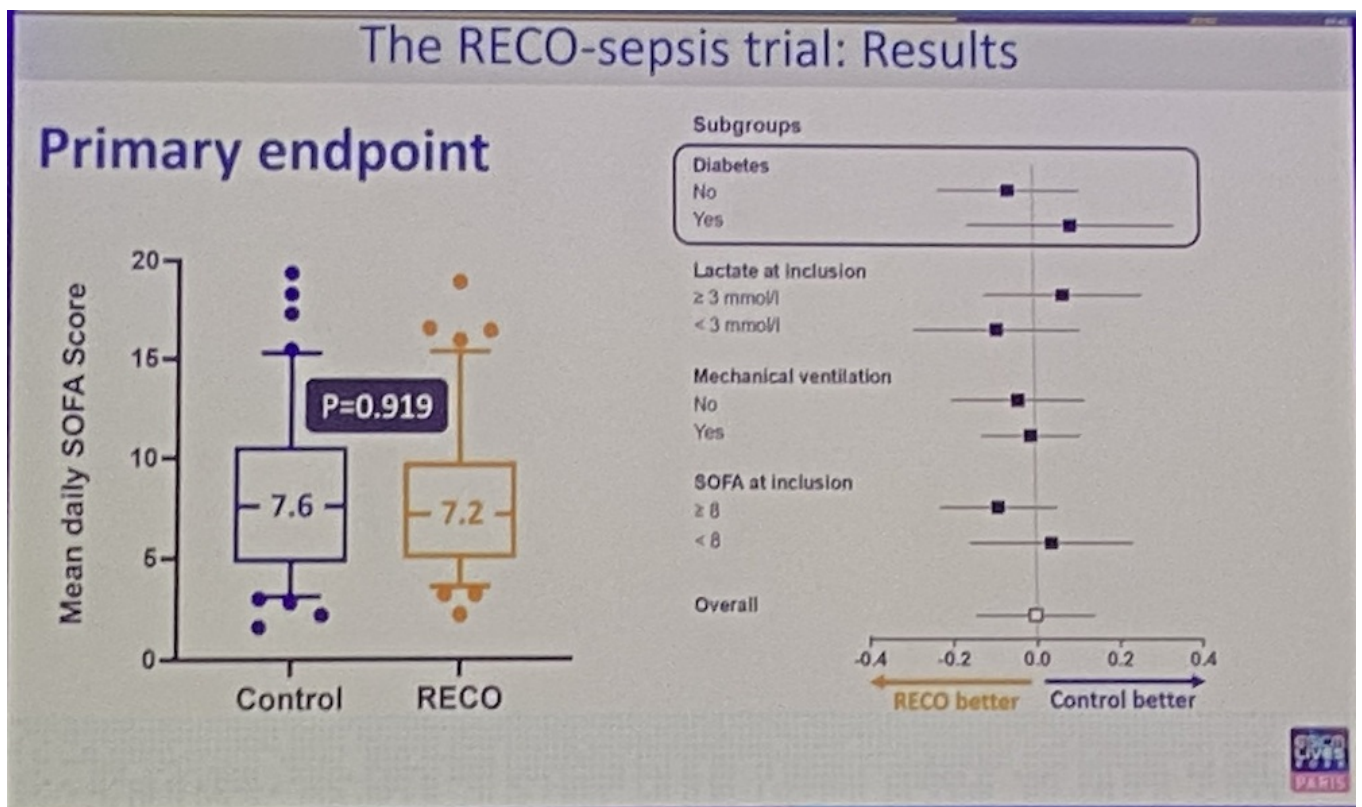
In latest research presented at ESICM LIVES 2022 in Paris, Martin Cour (Lyon, France) discussed the findings from the Remote Conditioning in Septic Shock (RECO-Sepsis) trial. The study was conducted to determine whether remote ischaemic conditioning (RECO) limits the severity and the consequences of multiple organ failure in patients with septic shock compared to standard care.



Six intensive care units in France participated in the trial. The study included 180 adult patients with septic shock. Study participants were randomised to receive RECO applied by inflating/deflating four times a cuff around an arm within 12 h after the onset of septic shock or a sham procedure every 12 h for 24 h.

The primary endpoint of the study was the severity of multiple organ failure assessed by the SOFA score from inclusion to day 4. All study patients were followed for 90 days.

Findings did not show any significant difference in the mean daily SOFA score between the intervention group and the control group. Cumulative mortality within 90 days was 27.6% in the RECO group and 39.6% in the control group.

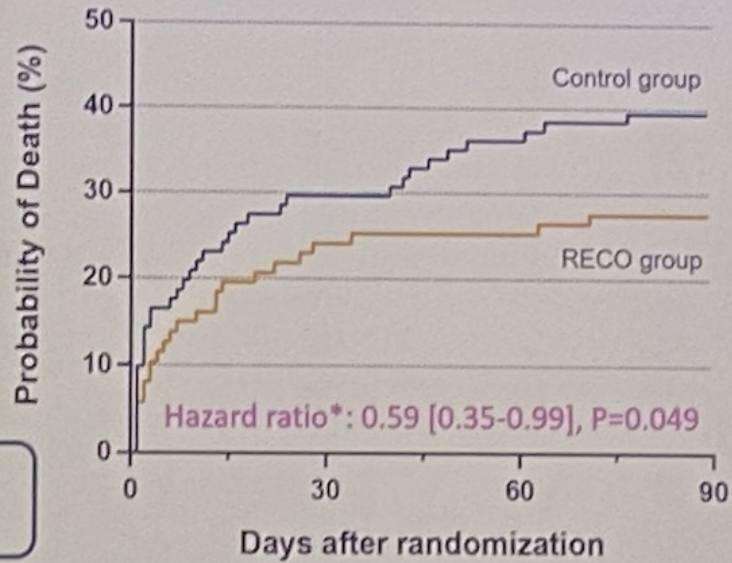


The RECO-sepsis trial: Results

Mortality



*Predefined variables:
Center, Age, SOFA at inclusion,
Nosocomial origin of septic shock



These findings suggest that in patients with septic shock, RECO did not reduce the severity of organ failure assessed by SOFA score from inclusion to day 4. There might be delayed benefits of RECO, but there is a need for additional clinical trials to confirm that. Also, the RECO-Sepsis trial was the first to assess the effects of RECO on multiple organ failure in septic shock. It is difficult to compare the results of this study with others as there is only one other observational clinical study that has investigated RECO in sepsis.

For more Sepsis news [Click here](#)

Source: [Intensive Care Medicine](#); Slides from Martin Cour's presentation @LIVES2022

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