

Sudden cardiac arrest in the young – a call to action

To the Editor: Sudden cardiac arrest (SCA) in athletes has once again been brought into the spotlight as a result of the recent widely publicised collapse and resuscitation of Fabrice Muambo during a FA Cup soccer match in the United Kingdom. The efforts of the trained medical responders in his successful resuscitation must be applauded. This incident resulted in the South African Premier Soccer League announcing more rigorous screening of players as a primary prevention measure. Sadly, Muambo's case was followed by the sudden cardiac death of Olympic swimmer Alexander Dale Oen.

Electrocardiographic screening of athletes for cardiac abnormalities forms part of a sound primary prevention strategy.¹ A major remaining challenge is the unpredictability of SCA in unscreened athletes, as only a minority will be screened. Another cause of SCA, commotion cordis, can occur when young athletes with structurally normal hearts sustain a blow to the chest. Immediate chest compressions and early defibrillation therefore remains an extremely important aspect of secondary prevention.

Maron *et al.*,² looking at the global epidemiology of commotion cordis to compare the USA with other countries, found that soccer, cricket, hockey and rugby are the most common causes internationally. These are all popular sports played in South Africa.

Reviewing the management of sudden cardiac arrest on the football field, Krameret *et al.*³ made recommendations for the on-field emergency management of these cases. While some international sports governing bodies, for example FIFA, have started to introduce these measures, it has not become common practice in South African schools, universities, clubs and institutions dealing with young athletes.

We are therefore of the opinion that most young South African athletes practise and participate in sport without adequate contingency plans in place that will ensure early recognition of cardiac arrest, initiation of immediate chest compressions, and defibrillation within 3 - 5 minutes.

The continuing unfortunate and untimely deaths of young, healthy athletes should serve as a reminder to the medical fraternity of our role as advocates to increase awareness, and empower our communities through training to act timeously and efficiently as first responders. Will the dust settle, only to be temporarily stirred again when the next tragic incident occurs?

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