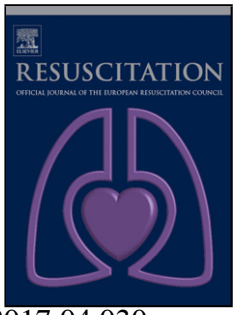

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Title: Aetiologies of cardiac arrest: *seek and ye shall find*

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Editorial−Journal: Resuscitation

Identification of the underlying aetiology of out-of-hospital cardiac arrest (OHCA) is a major concern, with potential implication for patient's acute care (i.e. percutaneous coronary intervention of a culprit coronary lesion[1–3]), secondary prevention (i.e. implantable cardioverter-defibrillator in selected causes [4]) and screening of relatives.[5–7] Thus determination of the aetiology is crucial not only for the index case itself, but also for the patient's relatives since it provides a good opportunity for primary prevention. Causes of OHCA have been extensively studied over the recent period.[8] Both pathological and angiographic studies established that coronary heart disease was the most common cause underlying OHCA, accounting for 50 to 70% of aetiologies in adults.[8, 9–11] As a consequence, coronary angiogram is commonly performed as an important part of diagnostic algorithms used in patients successfully resuscitated after OHCA.[11–13] However, there are many other possible causes of OHCA, as illustrated by the high rate of either normal or unconclusive coronary angiograms (anatomical coronary lesions whose accountability for OHCA is uncertain). In these patients, a respiratory or a neurological cause should be