

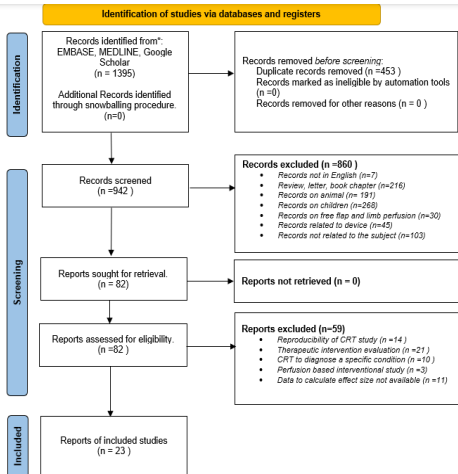


## Prognostic value of capillary refill time in adult patients: a systematic review with meta-analysis

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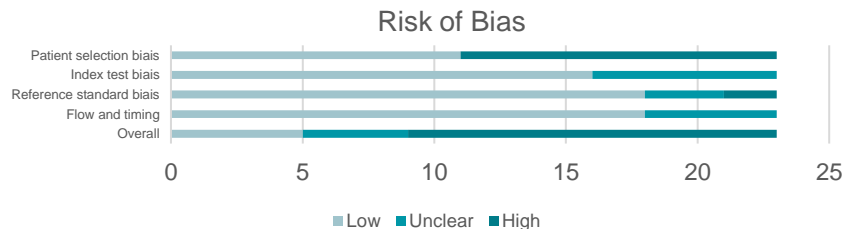
**Introduction:** Acute circulatory failure leads to tissue hypoperfusion. Capillary refill time (CRT) is widely studied, but its predictive value remains debated. We conducted a meta-analysis to assess the ability of CRT to predict death and/or adverse events in a context at risk or confirmed acute circulatory failure in adults.

**Method:** The pooled area under the ROC curve (AUC ROC), sensitivity, specificity, threshold, and diagnostic odds ratio using a random-effects model were determined. The primary analysis was the ability of abnormal CRT to predict death in patients with acute circulatory failure.



**Results:** 60,656 patients in 23 studies were included

	Number of studies	AUC-ROC	95%CI	OR	95%CI	Tau <sup>2</sup>	I <sup>2</sup>	P-value
<b>Primary analysis (Mortality in ACF patients)</b>	13	0.66	[0.59; 0.76]	3.4	[1.4; 8.3]	1.4	79 %	0.013
<b>Secondary analysis (Mortality and adverse event in patients at risk or confirmed ACF)</b>	23	0.69	[0.65; 0.74]	4.3	[2.6; 7.3]	0.9	96 %	< 0.001
<b>Secondary analysis (Comparison of CRT and Lactate)</b>								
<b>CRT</b>	9	0.68	[0.60; 0.79]	3.2	[1.1; 9.1]	0.7	77 %	0.687
<b>Lactate</b>	9	0.54	[0.53; 0.55]	2.6	[1.3; 5.2]	0.8	81 %	



**Conclusion:** CRT predicted death and adverse events in patients at risk or established acute circulatory failure. Its accuracy is greater when high quality CRT measurement is performed.