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Case Series on Veno-venous extracorporeal membrane oxygenation (VV-ECMO) as a bridge to complete recovery in influenza type A related refractory ARDS

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Influenza A sequelae range from mild symptoms to acute respiratory distress syndrome (ARDS), which can be refractory to conventional ventilator therapy. We present a case series of three non-H1N1 influenza patients with ARDS, who completely recovered after VV-ECMO.

In January and February 2013, we experienced three cases of influenza A-induced ARDS that failed conventional ARDS ventilator therapy. All three patients presented with typical flu-like symptoms, which deteriorated over several days, requiring intubation. They were all treated with oseltamivir. They had bilateral chest infiltrates on chest x-rays. After a few days of failing conventional treatment these patients were placed on VV-ECMO using Avalon Dual Lumen catheters.

The patients’ oxygenation improved dramatically at the instillation of adequate ECMO flow. ECMO was continued until improvement of chest x-ray findings, fluid status and end organ functions. All three patients were weaned off and decannulated from VV-ECMO within 10 days and achieved complete recovery of lung functions. The post ECMO decannulation chest x-rays show improvement of bilateral lung infiltrates in all three patients.