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MRSA sepsis and acute respiratory distress syndrome during veno-arterial extracorporeal membrane oxygenation (ECMO).

Philip Hsiao, BS  
*Thomas Jefferson University*

Joseph Miessau, BS  
*Thomas Jefferson University*

Harrsion Pitcher, MD  
*Thomas Jefferson University, Harrison.pitcher@jefferson.edu*

Qiong Yang, MD  
*Thomas Jefferson University, qiong.yang@jefferson.edu*

Michael Baram, MD  
*Thomas Jefferson University, Michael.Baram@jefferson.edu*

See next page for additional authors

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Authors
Philip Hsiao, BS; Joseph Miessau, BS; Harrsion Pitcher, MD; Qiong Yang, MD; Michael Baram, MD; Nicholas C. Cavarocchi, MD; and Hitoshi Hirose, MD, PhD

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### Presentation

A 39 year old female African American presented with respiratory distress two days after ERCP for pancreatitis.

The patient quickly deteriorated, required intubation, and developed severe hypotension requiring vasopressors.

VA-ECMO was initiated for ARDS and SIRS due to on-going pancreatitis.

Pre ECMO ABG: PH 7.01, PaCO2 70, PaO2 70 with FiO2 100% with PEEP 15

Profound hypotension, required 2 pressors

Preliminary results of cultures were negative at the time of ECMO placement.

### Interventions

Subsequently, the blood and sputum cultures prior to ECMO came back positive for MRSA.

Despite appropriate antibiotics coverage, the blood culture was persistently positive for MRSA.

CXR and CT chest worsened with formation of multiple pulmonary cavity-like lesions.

### Results

On POD#3, the patient was found to be comatose and cerebral Oximetry dropped 20% from baseline bilaterally.

Emergent CT scan of the head showed multiple embolic strokes including the bilateral temporal and occipital lobe.

Post mortem exam was performed to review pathology

### Conclusions

MRSA bacteremia is a major contraindication for the use of ECMO. Cerebral Oximetry is a valid monitoring system for the detection of major stroke.