Abstracts

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A1 Successful Use of Venovenous Extracorporeal Membrane Oxygenation in an Immediate Postpartum Female Patient with Swine Flu Pneumonia and Severe Acute Respiratory Distress Syndrome

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Introduction: Extracorporeal membrane oxygenation (ECMO) is an important therapeutic option for patients with severe acute respiratory distress syndrome (ARDS). H1N1 pneumonia carries a high risk of mortality in pregnant females. We present successful use of venovenous ECMO (VV-ECMO) in an immediate postpartum female patient with swine flu pneumonia and severe ARDS.

Case Report: We report a 32-year-old female patient who came with post lower segment cesarean section (LSCS) status (day 0), H1N1 pneumonia, and severe ARDS, along with severe respiratory acidosis, multiple vasopressors, and renal failure. The patient was immediately put on VV-ECMO. Her acidosis and vasopressors improved, but she required hemodialysis thrice for acute kidney injury (AKI) and fluid removal. She experienced bleeding from the left bronchi and required multiple bronchoscopes and clot evacuations. After 11 days of ECMO therapy, it was successfully weaned off. She experienced persistent bleeding after discontinuation, for which cryoprecipitate and single-donor platelet (SDP) was given. Abdominal wall hematoma was evacuated. She was weaned from ventilator after tracheostomy. Later decannulation was done, and the patient was discharged after 20 days.

Conclusion: ECMO is lifesaving for patients with severe ARDS. In postpartum patients, risk of bleeding is higher, but it was managed. It was the first successful use of VV-ECMO in the state of Rajasthan.

A2 Fatal Sepsis in Extracorporeal Membrane Oxygenation: Case Report of the H1N1 Treated Elderly Patient

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Background: Extracorporeal membrane oxygenation (ECMO) for severe acute respiratory distress syndrome (ARDS) has aroused a growing interest over the past decades with promising results during the 2009 (H1N1) influenza epidemic. ECMO is still marred by frequent and significant complications such as bleeding and nosocomial infections. Here we describe our experience in H1N1-induced ARDS followed by ECMO support. The patient was successfully weaned from ECMO but later died because of refractory *Acinetobacter baumannii* chest infection.

Introduction: A 58-year-old man, known case of type 2 diabetes mellitus and hypertension, was shifted from other hospital with H1N1 pneumonia and ARDS. The patient was hemodynamically unstable, on mechanical ventilator, and hemodialysis. He was started on broad-spectrum antibiotics, oseltamivir, and other supportive measures. His Murray score was 4, so he was taken on venovenous ECMO. Initial endotracheal tube cultures showed *A. baumannii* infection. His liver function tests (LFTs) were deranged with high direct bilirubin. Imaging did not show any obstructive bile duct pathology. Sepsis was considered to be the main cause of cholestasis. Antibiotics were modified to meropenem, polymyxin B, and sulbactam. Three times fiberoptic bronchoscopic alveolar lavage was done, which showed persistent *A. baumannii* infection. Gradually his chest X-ray improved. ECMO was successfully weaned off after 10 days. Later, percutaneous tracheostomy was done. Tracheal secretion cultures