days of discharge, the patient was readmitted with complaints of uneasiness and palpitations. His ECG showed atrial flutter that was pharmacologically reverted. Trans-thoracic echocardiography revealed persistent left coronary cameral fistula draining into the LA. He was taken up for redo-closure of coronary cameral fistula on CPB. This case highlights the successful closure of the fistula and repeated echocardiographic evaluation and follow-up, so that we do not miss out a significant finding that is going to affect patient outcome.

A5 Venoarterial Extracorporeal Membrane Oxygenation for Amlodipine and Telmisartan Overdose—A Lifesaving Intervention

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A 28-year-old female patient came with a history of consumption of T. Amlodipine 5 mg (60 tablets) and T. Telmisartan 40 mg (30 tablets). The patient was in severe shock at the time of hospital admission. She was managed medically with stomach wash, fluid infusion, vasoconstrictors (Inj. adrenaline, Inj. noradrenaline, Inj. vasopressin, and Inj. phenylephrine at high doses), Inj. calcium gluconate, Inj. glucagon, lipid emulsion, and hyperinsulinemia euglycemia therapy. However, she was in severe metabolic acidosis with refractory shock and severe vasoplegic syndrome in spite of aggressive medical management. Venoarterial extracorporeal membrane oxygenation (VA-ECMO) was initiated for this patient. After 5 days, she was successfully weaned from VA-ECMO and discharged from the hospital. We present the significance of VA-ECMO in cardiotoxic drug overdose.

A6 Extracorporeal Membrane Oxygenation in the Tropical World: Disease-Specific Solutions and Challenges

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Extracorporeal membrane oxygenation (ECMO) in the tropical world has been dominated by acute respiratory distress syndrome (ARDS) due to viral and bacterial pneumonias and a multitude of other regional problems as well. Extracorporeal life support (ECLS) is useful in providing organ support for reversible cardiopulmonary bypass or related causes. Bacteria and viruses tend to be prevalent and variable across both the worlds. Vector-related illnesses are also predominant. Malarial parasite, typhus-related diseases, tuberculosis, and dengue fever are some of the most important

causes. In the temperate climate zones, many familiar viral and bacterial diseases spread from person to person, and more so because of the population density. The effect of the illnesses can also vary greatly reflecting the herd immunity status of the community.

Some of the important problems of the tropical world for the ECLS community:

Vector-borne diseases	ARDS	Malaria	Mosquito
		Typhus diseases: <i>Rickettsia</i>	
		Epidemic typhus: <i>Rickettsia prowazekii</i>	Louse-borne typhus
		Endemic typhus: <i>Rickettsia typhi</i>	Rat flea or cat flea
		Scrub typhus (<i>Orientia tsutsugamushi</i>)	Mite
		Dengue	
Zoonosis	ARDS	Anthrax <i>Bacillus anthracis</i>	Inhalation of spores
		Leptospirosis (<i>Leptospira ictero hemorrhagica</i>)	Rodents
		Plague	Rodents
Air borne		Tuberculosis	
		H1N1	
		MERS virus	
Contact with body fluids		Ebola	
Contamination		Infections (multidrug resistant)	

Noninfectious causes:

Poisonings	E.g.: Celphos	ARDS, multiorgan failure
	Organo phosphorous	ARDS, multiorgan failure
Snake bite		ARDS, vasodilatory shock
Scorpion sting		Myocarditis, shock
Burns		ARDS
Pancreatitis		ARDS, shock
Trauma		ARDS, shock

Outbreaks usually only occur in developing countries or in regions of poverty, poor sanitation, and close human contact. Though these diseases are being described as tropical, they are universal. Their numbers might vary.

Today, the world is like a global village. Infections originated in one part of the world can easily spread to the