

Understanding hypoxemia on ECCO2R: back to the alveolar gas equation

Submitted by Beatrice Guillaumat on Fri, 11/16/2018 - 12:02

Titre Understanding hypoxemia on ECCO2R: back to the alveolar gas equation

Type de publication Article de revue

Auteur Diehl, Jean-Luc [1], Mercat, Alain [2], Pesenti, Antonio [3]

Editeur Springer (part of Springer Nature)

Type Article scientifique dans une revue   comit  de lecture

Ann e 2018

Langue Anglais

Date 15 Oct. 2018

Titre de la revue Intensive Care Medicine

ISSN 0342-4642

R sum  en anglais

Extracorporeal CO2 removal (ECCO2R) is a promising technique for ARDS and for severe acute exacerbations of COPD [1]. However, ECCO2R carries its own risk of complications and side effects. Beyond hemorrhagic and thrombotic complications and hemolysis, the occurrence of progressive hypoxemia has been reported in COPD patients treated by ECCO2R, leading to a tracheal intubation rate of 28% in the prospective series from Braune et al. [2]. Obviously, progressive hypoxemia can be explained by pulmonary complications such as evolving infiltrates, even if other factors such as modification of the respiratory quotient have been proposed [2, 3]. Accordingly, we illustrate such a mechanism, intrinsically linked to the ECCO2R technique and not involving any worsening of lung function by itself. A 76-year-old man was admitted because of a very severe hypercapnic acute exacerbation of a chronic respiratory failure due to non-cystic fibrosis bronchiectasis. Invasive mechanical ventilation...

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DOI 10.1007/s00134-018-5409-0 [5]

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Titre abr g  Intensive Care Med

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[5] <http://dx.doi.org/10.1007/s00134-018-5409-0>

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