

6th International Conference and Exhibition on

ANESTHESIA AND SURGERY

September 07-09, 2017 | London, UK

Change of the paradigm: From absolute contraindication to extension of indication – “When appropriate”

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Extracorporeal Membrane Oxygenation (ECMO) has been shown to be very effective in treating ARDS patients during the 2009 H1N1 pandemic and, since then, its use as salvage therapy in case of severe ARDS not responsive to conventional therapy has become more and more common, overwhelming many of the limitations once considered as insurmountable. Successful use of ECMO in immunocompromised patients has been reported but it remains controversial because of the high mortality rate linked to the compromised immune response. ARDS occurrence in HIV infected patients is burdened by an extremely high mortality rate, especially before Highly Active Antiretroviral Therapy (HAART) introduction. HAART has profoundly changed the course of HIV infection significantly reducing the rate of opportunistic infections; nevertheless the need of ICU care among HIV patients remained almost unchanged (4-12%) and respiratory impairment is the most common indication.^{2,3} Recent studies cite that clinical outcomes for HIV-1-infected patients admitted to the ICU are comparable with that for critically ill HIV-uninfected patients and HIV-1 infection was not associated with increased mortality in patients with ARDS. Up to now HIV seropositivity has been considered a contraindication to ECMO and only anecdotic cases have been reported with variable outcomes. We report two cases of *Pneumocystis jirovecii* pneumonia as AIDS exordium opportunistic infection. Both evolved to severe ARDS and were successfully treated with VV ECMO support.

Biography

Giovanna Occhipinti was born in 1978, performed her medical school in Catania from 1997 to 2003 and finished her specialization school in Belgium at ERASME Hospital having Daniel De Backer as Coauthor of her final thesis: “Effect of fluids challenge on microcirculation” in 2007. Since then she worked as Intensivist at Mediterranean Institute for Transplantation and Advanced Specialized Therapies (IsMeTT), Palermo, Italy, as clinician and preclinical researcher. Currently she is senior attending in critical care medicine at IsMeTT, involved in ECMO (extra corporeal membrane oxygenation) assistance for end stage heart and lung failure and extra hospital transfer on ECMO support by ambulance and helicopter. In IsMeTT, she is involved also in clinical study about protective mechanical ventilation during ARDS and different type of anticoagulation used during extracorporeal assistance. She was also involved as local investigator in the Lung Safe Study.

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