





# V-V ECMO FOR COVID-19 RELATED SEVERE RESPIRATORY FAILURE. LONG-TERM OUTCOME AND NEGATIVE OUTCOME PREDICTORS IDENTIFICATION

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# Introduction

The COVID-19 pandemic is an acute respiratory disease caused by infection with the SARS-CoV-2 virus. It is transmitted mainly via respiratory droplets, the clinical course ranges from mild/severe pneumonia and life-threatening complications, such as ARDS, shock, and multi organ dysfunction. The overall mortality rate ranges from 0.5-3%, in elderly and individuals with underlying conditions it greatly increases.

# Aim of study

Evaluate the long-term outcome of V-V ECMO support in COVID-19 related severe respiratory failure within the 2nd to 4th wave of the coronavirus pandemic.

## Methods

Retrospective study analyzed 31 consecutive patients with critical hypoxemic and/or hypercapnic refractory respiratory failure on V-V ECMO support from October 2020 to May 2021.

### Results

The mean ECMO support duration was 243.8±65.1 hours, 22 patients were successfully weaned off. At least, 14 patients (45.2%) were discharged with a good neurological outcome (CPC 1). Follow-ups were done at 30 days, 3-, 6-, and 12-months, survival rate were 61.3%, 45.2%, 41.9%, and 41.9% respectively. Before cannulation we found that the survivor group had shorter symptom onset to respiratory failure, a higher P/F ratio, norepinephrine support, and lower IL-6 levels. In the survivor group the mean ICU and hospital stay was 29.5±25.7 days and 44.5±33.7 days respectively. All long-term survivors (13 patients) were found to have a good neurological outcome (CPC 1), but complained of mild health disturbances (NYHA II), with a mild/moderate respiratory dysfunction, 10 patients have returned to normal life.

#### Conclusion

Mid-term outcome of V-V ECMO support for COVID-19 severe respiratory failure is acceptable even in the realm of low-volume ECMO center. The functional status of the long-term survivors was reported to be good/acceptable despite the prolonged and complicated hospital stay.

