

POSTER PRESENTATION

Open Access

Cerebral autoregulation in patients treated with v-vecmo for severe ARDS

V Fanelli^{1*}, AT Mazzeo¹, I Battaglini¹, S Caccia¹, M Boffini², D Ricci², S El Qarra², G Izzo², R Urbino¹, PP Terragni¹, L Brazzi¹, M Rinaldi², VM Ranieri³, L Mascia¹

From ESICM LIVES 2015 Berlin, Germany. 3-7 October 2015

Introduction

In patients with severe ARDS refractory to conventional mechanical ventilation, venous-venous extracorporeal membrane oxygenation (v-vECMO) is a rescue therapy able to restore normal values of PaO2 and PaCO2, maintaining the lung at rest. Hypoxemia and hypercapnia occurring in patients with severe ARDS may negatively affect cerebral autoregulation.

Objectives

The hypothesis of the present study was that, in patients with severe ARDS, impaired cerebral autoregulation due to gas exchange derangement, may be restored by application of v-vECMO.

Methods

Clinical prospective observational study. Inclusion criteria: severe ARDS (P/F \leq 100), requiring v-vECMO. Exclusion criteria: previous diagnosed neurological diseases. The following parameters were recorded before (pre) and after institution of v-vECMO (post): mean

arterial pressure (MAP), cerebral blood flow velocity in middle cerebral artery (MCA FV) by transcranial Doppler, and alveolar gas exchange (PaCO2, PaO2). Cerebral autoregulation was assessed by Pearson linear regression coefficient (Mx index) between MCA FV and MAP during spontaneous fluctuations of MAP (cut-off of $Mx \ge 0.2$ was adopted to define impaired autoregulation).

Results

Five severe ARDS patients were enrolled. Three female with mean age of 40.2 ± 16.5 , APACHE II 33 ± 6.4 , SAPS II 60.4 ± 21.85 , secondary to influenza H1N1 pneumonia (n = 3), cystic fibrosis (n = 1), pleural empyema (n = 1), duration of v-vECMO of 16 days (range 2-46). See Table 1.

Patient 4 evolved to brain death on day 1 and was then excluded.

Paired t-test was used for analysis. MAP was 82 ± 9 and 94 ± 17 , pre and post ECMO respectively. Mx significantly changed from 0.41 ± 0.2 to 0.13 ± 0.16 (p = 0.009); both PaO2 and PaCO2 significantly improved (p = 0.05).

Table 1. Physiological data before and after ECMO

······································								
Patient Code	MCA Flow Velocity (cm/sec) - PRE	MCA Flow Velocity (cm/sec) - POST	Mx - PRE	Mx - POST	PaO2 (mmHg) - PRE	PaO2 (mmHg) - POST	PaCO2 (mmHg) - PRE	PaCO2 (mmHg) - POST
1	128	62	0.57	0.2	58	91	115	32
2	74	52	0.59	0.27	53	158	42	36
3	100	42	0.35	0.19	60	75	88	36
4	54	57	0.25	0.71	63	75	69	34
5	130	72	0.14	-0.11	78	220	84	52

¹University of Turin, Anesthesia and Intensive Care, Turin, Italy Full list of author information is available at the end of the article



Conclusions

In patients with severe ARDS our preliminary data suggest that v-vECMO is able to restore cerebral autoregulation that is impaired because of severe gas exchange derangement.

Authors' details

¹University of Turin, Anesthesia and Intensive Care, Turin, Italy. ²University of Turin, Cardiac Surgery, Turin, Italy. ³University of Rome 'La Sapienza', Anesthesia and Intensive Care, Rome, Italy.

Published: 1 October 2015

doi:10.1186/2197-425X-3-S1-A509

Cite this article as: Fanelli et al.: Cerebral autoregulation in patients treated with v-vecmo for severe ARDS. Intensive Care Medicine Experimental 2015 3(Suppl 1):A509.

Submit your manuscript to a SpringerOpen journal and benefit from:

- ► Convenient online submission
- ► Rigorous peer review
- ► Immediate publication on acceptance
- ► Open access: articles freely available online
- ► High visibility within the field
- ► Retaining the copyright to your article

Submit your next manuscript at ▶ springeropen.com