



## Letter to the Editor

# Lung Edema on VA ECMO

Dear Editor,

We read with great interest the ECMO lung edema paper<sup>1</sup> as this topic is currently heavily discussed in Europe. Obviously, there are different regimens to conduct extracorporeal bypass among the various ECMO groups. Centers which maintain the systemic blood pressure high frequently report on that problem and implement IABP or Impella like the Paris group to relieve it. We have a tremendous ECMO experience and are among the leading centers in Europe and almost never see pulmonary edema after VA ECMO. In our opinion, intensivists should always aim at an aortic valve opening in ECMO/ECLS patients by lowering the systemic blood pressure. Adjusting a blood pressure to about 50 mmHg usually allows at least intermittent aortic valve opening and renders pulmonary congestion extremely rare. Interestingly, this strategy does not hinder hearts to recover to be later weaned from extracorporeal circulation with acceptable results. We place a separate left atrial vent only in patients with a ballooning left ventricle, typically in myocarditis patients. It is noteworthy to mention that we do not see any adverse consequences with regard to renal or mental function.

Citation: Schmid, C. (2016). "Lung Edema on VA ECMO" *The VAD Journal*, 2. doi: <http://dx.doi.org/10.13023/VAD.2016.05>

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Received: March 11, 2016

Accepted: March 16, 2016

Published: March 17, 2016

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Funding: Not applicable

Competing interests: Not applicable

## References

1. Guglin, Maya; Burchett, Andrew; Tribble, Thomas; and Charnigo, Richard (2016) "Pulmonary Congestion (White Lungs) on VA ECMO," *The VAD Journal*: Vol. 2, Article 4. DOI: <http://dx.doi.org/10.13023/VAD.2016.04>

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