

SDC 5- DEMOGRAPHICS

Between 1998 and 2011, 38 patients (25 female) (median age 30,1 range 13-66 y) underwent ECMO support with intention to bridge to primary LTX. Underlying diseases of the patients were CF (n=17), PH (n=4), IPF (n=9), ARDS (n=4; in one patient as sequel of H1N1 infection), hemosiderosis (n=1), BO (n=1), sarcoidosis (n=1) and bronchiectasis (n=1).

Patients had a number of relevant co-morbidities, including Type 1 diabetes (n=1), Crohn's disease (n=1), epilepsy (n=1) and cholestasis (n=1), together with other additional risk factors consisting of bilateral talc pleurodesis (n=1), tracheostomy (n=4), severe cachexia (n=2), HIT (n=2), 100% PRAS level (n=1), temporary need for hemofiltration (n=4), and prolonged high dose steroid medication (n=5).

V/V ECMO was used as a bridge modality in 18 patients, in 2 of them in combination with DLC (Avalon) cannulation. V/A ECMO was used in 15 other patients. One patient was bridged with the pumpless Novalung device alone. The remaining four patients needed a stepwise increase in their support modality with switch from V/V to V/A ECMO (n=2), from Novalung to V/V ECMO (n=1) and from Novalung to V/A ECMO (n=1) respectively.