



Risk factors for mortality in patients with COVID-19 needing extracorporeal respiratory support

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When indicating ECMO in patients with COVID-19, centre case volume, age, driving pressure and the duration of symptoms (not the length of MV) should be taken into account. Large drainage cannula and high PEEP levels during the first days are recommended. <https://bit.ly/3DGjGkk>

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This article has an editorial commentary:

To the Editor:

Series describing the evolution of patients with severe acute respiratory distress syndrome (ARDS) secondary to coronavirus disease 2019 (COVID-19) and supported with extracorporeal membrane oxygenation (ECMO) during the first wave of the pandemic have reported mortalities ranging from 30% to 60% [1, 2]. More recent publications have demonstrated a trend towards a higher mortality in COVID-19 patients receiving support in later periods of the pandemic, even though the overall mortality of the disease seems lower [3, 4]. The reasons for this difference are not clear.