ECMO during the COVID-19 pandemic: moving from rescue therapy to more reasonable indications

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Coronavirus disease 2019 (COVID-19) led to an unprecedented number of patients on mechanical ventilation, many of them presenting with severe acute respiratory distress syndrome (ARDS) [1–4]. Depending on the resources of national healthcare systems, extracorporeal membrane oxygenation (ECMO) was frequently applied during the pandemic [3, 5–7]. While intensive care unit experience improved with this new disease, various forms of drug therapies were introduced in living guidelines, resulting in a dynamic development in outcome of COVID-19 [8, 9]. Particularly noteworthy was the introduction of dexamethasone in the summer of 2020, and in 2021 the additional administration of tocilizumab in the early severe phase of the disease [10]. A third important factor that had a significant impact on the outcome of severe respiratory failure was the start of vaccination programmes, primarily for risk groups, depending on national strategies, followed by the general public.