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**Comment on Grasso et al.:
ECMO criteria for influenza
A (H1N1)-associated ARDS:
role of transpulmonary pressure**

Accepted: 23 February 2012
Published online: 12 April 2012
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Dear Editor,
We read with great interest the article
by Grasso and co-workers entitled
“ECMO criteria for influenza A
(H1N1)-associated ARDS: role of
transpulmonary pressure” [1]. We
agree that in patients with severe
ARDS chest wall compliance should
be taken into consideration before
decision making for ECMO.

However, in their Table 4, Grasso
et al. do not cite the correct numbers
for the P/F ratio from our case series.

The value for the lowest P/F ratio was
not 83 ± 11 (mean $\pm$ SD) but 52.5
(median and interquartile range
38–60) [2]. The median oxygenation
index, which was not published in our
paper, in these patients was 51
(38–64). Adult patients with a P/F
ratio of above 65 do not fulfill the
criteria for immediate cannulation at
our department. Thus the degree of
hypoxemia in our cohort of patients
with H1N1-related ARDS was more
severe than described by Grasso et al.

It remains to be shown whether
titrating PEEP up to a transpulmonary
pressure of 25 cmH₂O in patients
with severe ARDS and abnormal
chest wall mechanics can not only
avoid ECMO but also improve
outcome.

References

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2. Holzgraefe B, Broomé M, Kalzén H, Konrad D, Palmér K, Frenckner B (2010) Extracorporeal membrane oxygenation for pandemic H1N1 2009 respiratory failure. *Minerva Anesthesiol* 76:1043–1051

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