

## CORRESPONDENCE

# Mortality with ECMO

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To the Editor,

We read with enthusiasm the comprehensive review article by Mulder et al.<sup>[1]</sup> on ECMO and anticoagulation published in the Netherlands Journal of Critical Care in January 2018. We would like to bring to your attention the mortality rate in patients receiving ECMO is lower than what is quoted in the article.

In the article, the authors have mentioned the mortality of 57% on VV ECMO and 66% on VA ECMO. These statistics were based on a study by Karagiannidis et al.<sup>[2]</sup> which was a retrospective observational study of a German registry from January 2007 to December 2014. The Extracorporeal Life Support Organisation (ELSO) that collects data from 359 centres in over 80 countries has recently published an international summary<sup>[3]</sup> analysing the data from December 2013 to January 2017. They cited a mortality rate of 39% for VV ECMO and 50% for VA ECMO. The Cesar trial,<sup>[4]</sup> a single-centred study, had a mortality of 43% for patients transferred to an ECMO centre.

Improvement in cannulation technique, ECMO circuits and intensive care management has significantly improved the survival of patients on ECMO over the past decade. The knowledge of mortality rates on ECMO is important for clinicians and centres to make informed decisions for patient care.

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## References

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4. Peek GJ, Mugford M, Tiruvoipati R, et al; CESAR Trial Collaboration. Efficacy and economic assessment of Conventional Ventilatory Support Versus Extracorporeal Membrane Oxygenation for Severe Adult Respiratory Failure (CESAR): a multicentre randomised controlled trial. *Lancet*. 2009; 374:1351-63