



IMAGES IN INTENSIVE MEDICINE

Giant lung abscess complicating pneumonia managed with veno venous extracorporeal membrane oxygenation**Neumonía complicada con absceso pulmonar gigante, manejado con oxigenación con membrana extracorpórea veno-venosa****Marina López Olivencia, Luis Jaramillo Valarezo, Aaron Blandino Ortiz****Department of Intensive Care, Hospital Universitario Ramón y Cajal, Universidad de Alcalá, Carretera de Colmenar Viejo, Km 9, 100, Madrid, Spain*

A 63-year-old woman arrived to the Emergency department with cyanosis, severe hypoxia and septic shock. We decided to orotracheal intubation and ICU admission. In the first hours in-ICU, she evolved with worsening of shock, severe refractory hypoxemia, and hypercapnia, without response to prone position, for which she decided to implement support with V-V ECMO, and allow-us to perform a lung CT Scan (Fig. 1) and a bronchoalveolar lavage. Among findings a voluminous abscess communicating with the distal airway indicative of bronchopleural fistula (Fig. 2). In the respiratory cultures, were isolated: *Haemophilus influenzae*, and *Parvomonas micra*. Based on these results, we optimized antibiotic therapy. In the following days, evolved with notable improvement, decrease in Noradrenaline until withdrawal. Progressive reduce V-V ECMO parameters until weaning at 12th day. A tracheostomy was performed to wean her from mechanical ventilation. The patient was finally discharged to ward.

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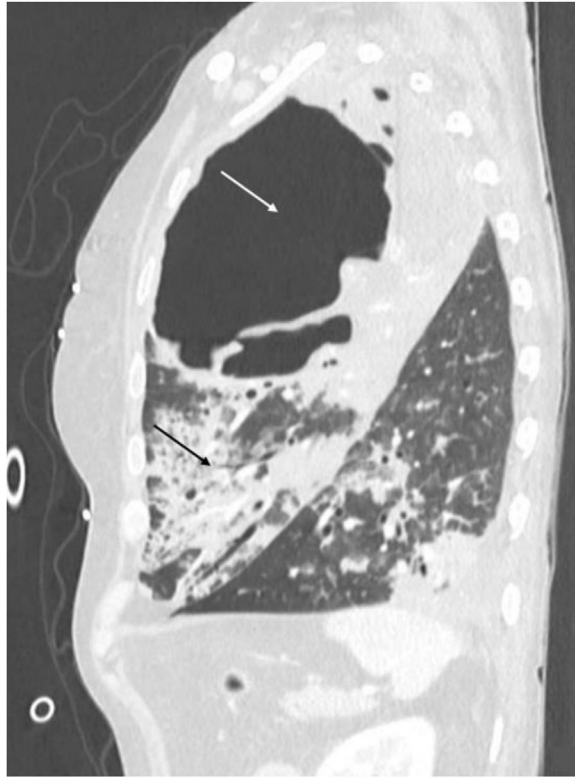


Figure 1

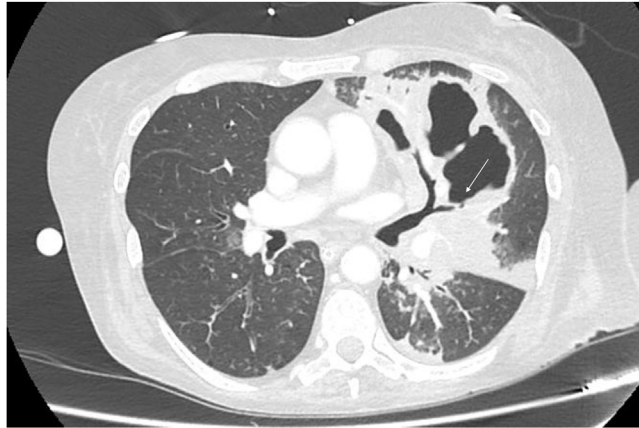


Figure 2

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Conflict of interest

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