Antimicrobial Prophylaxis in Extracorporeal Membrane Oxygenation: Is the Debate Still Open?

To the Editor:

Extracorporeal membrane oxygenation (ECMO) is increasingly used in intensive care units, even in the context of the pandemic we are experiencing (1). There is evidence that nosocomial infections in ECMO-treated patients are associated with significantly increased morbidity and mortality (2), and most centers use antimicrobial prophylaxis, although there is no evidence supporting this practice.

Prevalence of nosocomial infections in ECMO-treated adult patients has been reported to be one in five patients, with the highest incidence of infections in the cardiac ECMO population; bloodstream and surgical site infections are the most common (3). No evidence of reduced risk of infections in patients given an antimicrobial prophylaxis regimen has been observed in any of the papers analyzed (2). Another retrospective study (3) found that antimicrobial prophylaxis did not reduce the risk of new sterile site infection, as by
In the era of multidrug resistance, antimicrobial stewardship is of paramount importance in any setting and requires great caution. Prophylactic antibiotic therapy—not to be confused with preemptive or empiric therapy—is widely used in many clinical settings, some with good evidence base and others with less convincing proof. Its efficacy in ECMO-treated patients is still far from being defined.

**Author disclosures** are available with the text of this letter at www.atsjournals.org.

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**References**


