

while Mac-Conkey, Chocolate and Blood Agar were being used for tracheal and sputum cultures. Blood cultures were processed on BACT/ALERT automated blood culture system. Statistical analysis were performed using the SPSS 64-bit version.

Results Among 364 patients analyzed in the study, the cultures obtained from different sites were Blood (54%), Urine (33%) and tracheal (13%). Among blood cultures, no organism was isolated. Among tracheal cultures, most common organisms isolated were Klebsiella (5), followed by Acinetobacter

(4) and Pseudomonas (3). Among urine cultures, most common organism isolated was E. coli (4), then Klebsiella (3) and Pseudomonas (2). Vancomycin and Linezolid showed zero percent resistance to Staphylococcus sp. Collistin showed zero percent resistance for Acinetobacter and Klebsiella. Moxifloxacin was resistant for E. coli.

Conclusions The gram-negative bacteria were the major cause of infection in the ICU. Gram negative organisms (88.46%) were detected more than gram positive organisms (11.53%). We need to prescribe broad-spectrum antibiotics more wisely to reduce pressure on sensitive strains.

Attachment antibiogram dhmc.docx

#36509 SPINAL ANESTHESIA FOR TRANSURETHRAL RESECTION IN A PATIENT WITH SEVERE ASYMPTOMATIC AORTIC STENOSIS AFTER BALLOON AORTIC VALVULOPLASTY

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Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Background and Aims One of the most prevalent serious valve disease problems is aortic stenosis. Patients with significant AS are often advised against receiving neuraxial anesthesia because they won't be able to handle the crucial decrease in coronary perfusion pressure. We present a case of a successful transurethral resection under spinal anesthesia in a patient with severe asymptomatic AS which has been managed with balloon aortic valvuloplasty prior to the procedure.

Methods An 81-year-old male, with a history of prostate cancer and a condition after prostatectomy, new-onset deep vein thrombosis of the left iliac vein, and newly detected severe asymptomatic aortic stenosis, was admitted to the hospital for a planned TUR due to tumor process of the urinary bladder. Echocardiography revealed preserved systolic function of the left ventricle, with severe aortic stenosis. In this case, TAVI was not indicated, so it was concluded that BAV would be performed to reduce the anesthetic risk. Balloon dilatation of the aortic valve was successfully performed. After a month from BAV, the patient was again admitted to the hospital for a planned surgical procedure. For TUR, a mixture of 0.5% bupivacaine, 40% glucose, and fentanyl was applied intrathecally at the L4-L5 level with a 27G needle.

Results During the procedure the patient was stable, and TUR was done without any adverse effects. The patient was discharged home three days after surgery in good general condition.

Conclusions In conclusion, our case report is evidence of successful outcome with spinal anesthesia in patient with adequately managed severe AS.

#35938 VENOVENOUS ECMO IN NEAR FATAL ASHTMA: CASE REPORT

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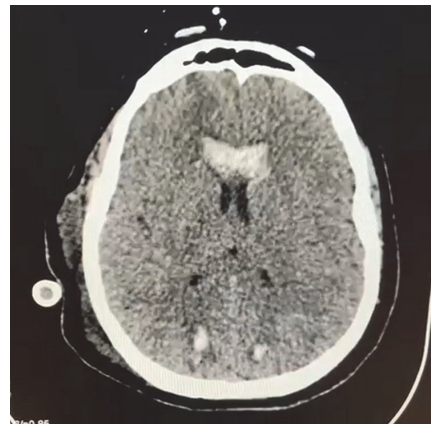
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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims VV-ECMO is used for the temporary support of patients with respiratory failure most commonly due to Acute Respiratory Distress Syndrome (ARDS). Use in near fatal asthma (NFA) is found only in case reports. We intend to present a case of NFA that received support with VV-ECMO.

Methods A 21-yo man, asthmatic, with medication nonadherence developed a status asthmaticus that failed to respond to non-invasive therapy requiring intubation and mechanical ventilation (MV). After 24 hours on MV he developed pneumomediastinum, continued with severe respiratory acidosis and developed increased intracranial pressure (ICP). He was commenced on VV-ECMO therapy, his CO₂ was normalized within 48 hours. MV was continued, still with high peak pressures, he received Sevoflurane for 24 hours. After 48 hours with ECMO he developed midriasis due to ICP and intracranial hemorrhage was seen in the CT scan. He was treated with hyperosmolar therapy. Diagnosis of acute hemorrhagic leukoencephalitis (AHL) is done after finding Herpes Virus type 1 in CSF. 6 days after cannulation the bronchospasm solved and 48 hours after ECMO was discontinued. A tracheostomy was done the day after the discontinuation of ECMO and the next day the patient woke up and followed commands. He was discharged home 8 days after ECMO weaning.



Abstract #35938 Figure 1 AHL1