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 systems. 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

---

**Abstract #36509**

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

Magdalena Palian, Linda Perica*, Mateja Ulakec, Nataša Margaretić Piljek, Eleonora Goluža, Slobodan Mihaljević. Department of Anesthesiology, Reanimatology, Intensive medicine and pain management, University Hospital Centre Zagreb, Zagreb, Croatia

10.1136/rapm-2023-ESRA.438

**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 study, 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.

---

**Abstract #35938**

**VENOVOUS ECMO IN NEAR FATAL ASTHMA: CASE REPORT**

1Lucia Alvarez*, 2Graziella Alexandra Galvez, 1,2Carla Romo, 1,2Carlos Daniel Higuera, 1,2Maria del Carmen Ojeda. 1Neuroscience, Universidad Autónoma de Guadalajara, Guadalajara, Mexico; 2Critical Care Medicine, ECMO/ECLS Mexico, Guadalajara, Mexico; 2Anesthesiology and Critical Care Medicine, Universidad Autónoma de Guadalajara, Guadalajara, Mexico; 2Neurology, ECMO/ECLS Mexico, Guadalajara, Mexico

10.1136/rapm-2023-ESRA.439

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

**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 pneumo-mediastinum, 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 Sevofluorane 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 hipersomolar 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
Results Support for NFA is not commonly performed with ECMO. The finding of AHL is not a common complication seen in these cases nor a favorable outcome.

Conclusions VV-ECMO should be considered to be part of support in NFA but thus should be addressed in future trials.

CERVICAL SUBCUTANEOUS EMPYSEMA AND PNEUMOMEDIASTINUM SECONDARY TO PENETRATING TRAUMA

1Carlota Gordaliza*, 2Silvia de Miguel Manso, 3Rocio Gutierrez Bustillo, 4Belen Sanchez Quiros, 5Rocio Lopez Herrera, 1Anesthesiology, Valladolid, Spain; 2Anesthesiology, Hospital Clinico Universitario, Valladolid, Spain; 3Anesthesiology, Hospital Clinico Universitario Valladolid, Valladolid, Spain

10.1136/rapm-2023-ESRA.440

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

Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Subcutaneous emphysema (SE) is a finding of gas within the subcutaneous soft tissues, usually in the chest or neck. There are numerous causes for this phenomenon, including blunt and penetrating trauma, soft tissue infection, and surgical instrumentation.

Methods We present the case of a 39-year-old man with cervical SE and pneumomediastinum after penetrating cervical trauma due to attempted suicide. A cervical-thoracic CT showed the presence of pneumomediastinum and significant cervical subcutaneous emphysema. As a preventive measure, the patient was admitted to the Resuscitation Unit to ensure the airway through orotracheal intubation. He was kept under sedation for 48 hours and broad-spectrum empirical antibiotic therapy was prescribed. After this time, the CT was repeated and, given the marked decrease in emphysema, the patient was extubated without incident.

Results SE occurs when air becomes trapped under the skin. Air forced into the interstitial tissues around the pulmonary vasculature travels back toward the hilum, leading to pneumomediastinum, and this eventually spreads to the soft tissues of the neck, face, and chest wall. In our patient, penetrating trauma was the event that caused the entry of air into the tissues. In most cases, it does not involve airway compromise as subcutaneous air easily accommodates the distensible subcutaneous tissues and conservative treatment is adequate. Subcutaneous drainage or supraclavicular incisions are safe techniques with no reported complications (2).