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Title: Extracorporeal membrane oxygenation as bridge in patients with non-iatrogenic massive hemoptysis

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Body: Despite advanced technologies in intensive care, massive hemoptysis can cause death in a small subset of patients. In special, extensive bleeding, hypoxia, decreased pulmonary function and/or other comorbidities make it more difficult or impossible to perform bronchoscopy, arterial embolisation or resectional surgery. Extracorporeal membrane oxygenation (ECMO) is expected to provide adequate gas exchange, to reduce ventilator-induced lung injury and, eventually, to improve outcome in patients with respiratory and circulatory failure. However, it is not sure whether it is beneficial or not to perform ECMO in unstable patients with non-iatrogenic massive hemoptysis. The case applying ECMO to patients with iatrogenic massive hemoptysis is also very rare. A male with medical history of pulmonary tuberculosis received mechanically ventilator support because of severe community acquired pneumonia. As he abruptly showed severe hypoxemia and hypotension due to massive hemoptysis, ECMO was instituted. We herein describe detailed course of our case, helping physicians make a decision to initiate ECMO in patients with non-iatrogenic massive hemoptysis.