Objective
To analyze the results of a large number of iLA uses in a university hospital.

Study Design
Retrospective study.

Study Population
Ninety patients with acute respiratory distress syndrome.

Methods
Interventional lung assist was inserted in 90 patients with acute respiratory distress syndrome. Oxygenation improvement, carbon dioxide elimination, hemodynamic variables, and the amount of vasopressor substitution were reported before, 2 hrs after, and 24 hrs after implementation of the system. Statistical analysis of the collected patient data was performed.

Results
Interventional lung assist led to an acute and moderate increase in arterial oxygenation (Pao2/Fio2 ratio 2 hrs after initiation of iLA [median and interquartile range], 82 mm Hg [64-103]) compared with pre-iLA (58 mm Hg [47-78], p < .05). Oxygenation continued to improve for 24 hrs after implementation (101 mm Hg [74-142], p < .05). Hypercapnia was promptly and markedly reversed by iLA within 2 hrs (Paco2, 36 mm Hg [30-44]) in comparison with before (60 mm Hg [48-80], p < .05). The incidence of complications was 24.4%, mostly due to ischemia in a lower limb. Thirty-seven of 90 patients survived, creating a lower mortality rate than expected from the Sequential Organ Failure Assessment score.

Commentary
The publication was compiled by a group with large experience in iLA use. Although it may cover a learning curve (especially in lower limb perfusion problems) the data describe a clinical reality which makes this publication very valuable.

It is especially interesting to read that the ventilator settings of the patients could be changed towards less aggressive settings.