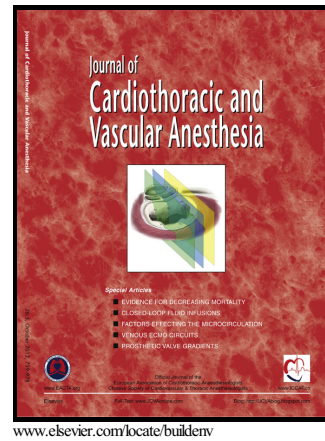


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## Treatment of Refractory Hypoxemia in adults with Acute Respiratory Distress Syndrome – What is the available evidence?

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Short title: Adult Refractory Hypoxemia

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### Abstract

There is no clear cut consensus on the definition of refractory hypoxemia in literature even though it is a difficult entity to treat. Some of the current treatment options have shown mortality benefits in addition to improving hypoxemia while others merely improve oxygenation only. First line therapies for management of refractory hypoxemia in acute respiratory distress syndrome [ARDS] include optimal ventilation, use of neuromuscular blocking agents, higher positive end expiratory pressure, fluid restriction, nitric oxide, recruitment maneuvers and prone ventilation. The timing of rescue therapies in oxygenation failure is not clearly defined. Rescue therapies like extracorporeal membrane oxygenation and high frequency oscillation may be useful when hypoxemia remains refractory to first line therapies. Robust studies are needed in future to elucidate the efficacy of these therapies on outcomes in patients with refractory hypoxemia. This review looks at recent evidences for various strategies that improve oxygenation and survival in hypoxemic patients in the clinical context of ARDS.

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