



Editor-in-Chief Pick, January 2023

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Another Parachute

In this month's POTM, [Extracorporeal membrane oxygenation versus conventional rewarming for severe hypothermia in an urban emergency department](#), Prekker and colleagues provide new evidence that could save lives each winter. As many readers are aware, most literature describing extracorporeal membrane oxygenation (ECMO) for emergent resuscitation are, in essence, a series of cases where ECMO was used. In the present work, the Minnesota authors present the outcomes of 25 patients with severe hypothermia, treated with ECMO, and compare them with a contemporaneous group of 19 patients treated with usual active rewarming methods.

The outcomes suggest an enormous effect size (71% versus 29%, absolute difference 42%, 95% CI 4%–82%) of ECMO for survival among hypothermic patients with pulselessness. These findings are consistent with recent reports from a recent larger prospective study from Japan. Obviously, these outcomes are influenced by uncontrolled confounders, but the strong obviousness of the potential benefit render a hypothetical proposal for a randomized trial of ECMO vs. no ECMO for hypothermic cardiac arrest akin to the satirical but often referenced, randomized trial of parachutes (<https://doi.org/10.1136/bmj.327.7429.1459>).

The work by Prekker et al. represents a rare situation in medicine, where retrospective data will drive strong recommendations in clinical practice guidelines.