Staphylococcus aureus is a significant source of morbidity and mortality in children with a mortality of 18% despite decreased rates of hospital-associated MRSA. [1] The use of ECMO in pediatrics has been increasing internationally over the past 20 years [2] and has been utilized in the treatment of MRSA sepsis [3] and pneumonia [4, 5]. Survival among pediatric patients with MRSA sepsis requiring ECMO support has been reported to be 59.8%. [6] As the largest tertiary children’s hospital in the state and the primary provider of pediatric ECMO services, we sought to review our own institutional experience and outcomes among children with MRSA sepsis requiring ECMO.

**Case Description**

**Patient** 1. Female 70 None H1N1 influenza -3.28 HIFD 48.9 No Respiratory 2. Female 49.1 Polymyositis and avascular necrosis; Acute respiratory distress syndrome (ARDS) -4.96 Convulsive 3.42 Yes 3. Female 104.1 Arthritis -0.47 Convulsive 33.6 Yes Respiratory, Right wing, Right leg. 4. Female 8.1 Polymyositis hypertension; Tetralogy 21. Hypotensive, hypoxemic, hypovolemic shock, MRSA pneumonia -2.15 Convulsive 27.3 No Respiratory 5. Female 9.9 None Septic shock, MRSA pneumonia -2.32 HIFD 19.44 Yes Respiratory 6. Female 138.5 Arthritis Trauma related to abdominal gunshot wound -4.81 HIFD 28.4 Yes Respiratory 7. Female 11.9 None 8. Female 20.1 L.H.S x p Fontan MRSA from paranasal sinus and diastolic heart failure with left heart failure 10.28 Convulsive 37.2 No Respiratory

MRSA continues to be a source of significant morbidity and mortality among pediatric patients, including at our own institution. The authors have no financial relationships to disclose.

**References**