Introduction:
New generation adsorbent such as oXirisR was introduced as novel technique in renal support for critically ill patients. Septic shock patients require decatecholaminization strategies emphasizing blood purification to remove catecholamine-producing mediators and evacuate overload fluid in interstitials.

Methods:
Our 64-year-old female patient, admitted to ICU after surgery with history of ovarium cancer. Her septic shock was worsened with ARDS, hypercoagulable state and AKI. Vasopressors were set. Patient was controlled with mode SIMV16,PS12,TV350 ml,PEEP7,FiO270%. Renal support was implemented by diuretic and CVVH started on the second day. At first, regular adsorbent was used, post-filter mode was set, and periodic fluid removal target was 50 ml/h. But after 24hours, no significant changes observed. OXirisR added and after 12hours passed, requirements of vasopressors reduced, tidal volume increased, hemodynamic parameters stabilized, urine production increased. It was continued for 2days and patient was recovered.

Results:
Our patient had fallen into inadequate CARS stage in which not able to counter septic effects on vital organs (Picture 1). Renal would be primary target for filtration and monitoring tool. Adsorbent consisted of AN69 and polyethyleneimine was useful to purify blood from endotoxins conjoined with slower filtration. Continuous yet cautious process in CVVH evacuate fluid and mediators while maintain steady hemodynamics. Biomarkers could not be evaluated due to limited resources, but improving parameters could be signs that showed recovery process had already took place.

Conclusion:
Advanced hemofiltration is a privilege. Implementing and enhancing it with new generation adsorbent would increase survivors by extracting unnecessary fluids and eliminating catastrophic endotoxins and mediators.

References:
References :

Clinical Presentations Before CVVH with oXiris