Introduction:
Dexmedetomidine (DEX) showed some advantages in the sedation of patients in intensive care unit (ICU) [1]. Other studies described efficacy of DEX in ICU delirium [2]. The aim of this study was to evaluate the efficacy and safety of DEX after lung transplantation in ICU.

Methods:
We conducted a prospective monocentric study in our surgical ICU between November 2015 and November 2017. In the first part of the study (November 2015 to November 2016), lung recipients did not receive DEX; in the second part of the study DEX was used for the sedation in mechanically ventilated patients after lung transplantation. We compared the duration of mechanical ventilation in the two groups and the occurrence of adverse effects.

Results:
In total 59 lung recipients were enrolled. There was no difference between the two groups in demographic data, one or double-lung transplants, the cause of lung transplantation and the use of epidural infusion. In the DEX group, mechanical ventilation support was 118 hours versus 98.5 hours in the other group (p=0.55). There was no difference between delirium in the two groups (3/5, p=0.7). The occurrence of adverse events like hypotension and bradycardia was significantly higher in the DEX group (4/0 for hypotension, p=0.013; 6/0 for bradycardia, p=0.0012).

Conclusion:
The use of DEX after lung transplantation in ICU was not more efficacious for the mechanical ventilator weaning. Lung recipients delirium was significantly the same in the two groups. The most notable effect was the occurrence of bradycardia and hypotension in the DEX group.

References:
[1]: SM. Jakob et al, JAMA. 2012