Adult respiratory distress syndrome - an aspect of multiple organ failure : results of a prospective clinical study

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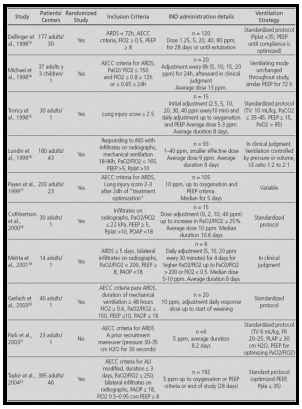

Study	Patients/ Centers	Randomized Study	Inclusion Criteria	iNO administration details	Ventilation Strategy
Dellinger et al., 1998[14]	177 adults/ 30	Yes	ARDS < 72h, AECC criteria, PAO2 ≥ 0.15, PEEP ≥ 8	n = 120 Dose 1.25, 5, 20, 40, 80 ppm, for 28 days or until extubation	Standardized protocol (Pplat <35, PEEP until compliance is optimized)
Michael et al., 1998[16]	37 adults/ y 3 children/ 1	Yes	AECC criteria for ARDS, PaO2/ FIO2 ≤ 150 and FIO2 ≥ 0.8 ≥ 12h or ≥ 0.65 ≥ 24h	n = 20 Adjustment every 6h (5, 10, 15, 20 ppm) for 24h, afterward in clinical judgment Average dose 13 ppm.	Ventilating mode unchanged throughout study, similar PEEP for 72 h
Troncy et al., 1998[18]	30 adults/ 1	Yes	Lung injury score ≥ 2.5	n = 15 Initial adjustment (2, 5, 10, 20, 30, 40 ppm every10 min) and daily adjustment up to oxygenation and PEEP Average dose 5.3 ppm. Average duration 8 days.	Standardized protocol (TV 10 mL/kg, PaCO2 ≤ 35–45, PEEP ≤ 15, PaO2 > 80)
Lundin et al., 1999[19]	180 adults/ 43	Yes	Responding to iNO with infiltrates on radiographs, mechanical ventilation 18–96h, PaO2/FIO2 < 165, PEEP >5, Pplat >30	n = 99 1–40 ppm, smaller effective dose Average dose 9 ppm. Average duration 9 days	In clinical judgment. Ventilation controlled by pressure or volume I:E ratio 1.2 to 2.1
Rouen et al., 1999[17]	203 adults/ 23	Yes	AECC criteria for ARDS, Lung injury score 2–3 after 24h of "treatment optimization"	n = 105 10 ppm, up to oxygenation and PEEP criteria Median for 5 days	Variable
Rutherford et al., 2000[20]	30 adults/ 1	Yes	Infiltrates on radiographs, PaO2/FIO2 ≤ 23 kPa, PEEP ≥ 5, Pplat ≥10, POAP <18	n = 15 Dose adjustment (1, 2, 10, 40 ppm) up to increase in PaO2/FIO2 ≥ 25%. Average dose 10 ppm. Median duration 15.6 days	Standardized protocol
Mehta et al., 2001[15]	14 adults/ 1	Yes	ARDS ≤ 5 days, bilateral infiltrates on radiographs, PaO2/FIO2 < 200, PEEP ≥ 8, PAOP <18	n = 8 Daily adjustment (5, 10, 20 ppm every 30 minutes) for 4 days for higher PaO2/FIO2 up to PaO2/FIO2 > 200 or FIO2 < 0.5. Median dose 5–10 ppm. Average duration 8 days	In clinical judgment
Gerlach et al., 2003[21]	40 adults/ 1	Yes	AECC criteria para ARDS, duration of mechanical ventilation ≥ 48 hours FIO2 ≥ 0.6, PaO2/FIO2 ≤ 150, PEEP ≥10, PAOP ≤ 18	n = 20 10 ppm, adjustment daily response dose up to start of weaning	Standardized protocol
Park et al., 2003[22]	23 adults/ 1	No	AECC criteria for ARDS A prior recruitment maneuver (pressure 30-35 cm H2O for 30 seconds)	n =6 5 ppm, average duration 8.2 days	Standardized protocol (TV 6 mL/kg, FR 20–25, PLAT ≤ 30 cm H2O, PEEP for optimizing PaO2/FIO2)
Taylor et al., 2004[23]	385 adults/ 46	Yes	AECC criteria for ALI modified, duration ≤ 3 days, PaO2/FIO2 ≤ 250, bilateral infiltrates on radiographs, PAOP ≤ 18, FIO2 0.5–0.99, con PEEP ≥ 8	n = 192 5 ppm up to oxygenation or PEEP criteria or end of study (28 days)	Standard protocol (optimized PEEP, Pplà ≤ 35)

Description: -
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Respiratory Distress Syndrome, Adult.
Prospective Studies.
Multiple Organ Failure.
Multiple organ failure -- Pathophysiology.
Respiratory distress syndrome, Adult.Adult respiratory distress syndrome - an aspect of multiple organ failure : results of a prospective clinical study
-Adult respiratory distress syndrome - an aspect of multiple organ failure : results of a prospective clinical study
Notes: Includes bibliographical references and index.
This edition was published in 1991

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Tags: #Dying #with #acute #respiratory #failure #or #multiple #organ #system #failure #with #sepsis

Adult Respiratory Distress Syndrome

Format: Paperback Language: English ISBN: 9783540521808 EAN: 9783540521808 Publication Year: 1991 Item Height: 235mm Item Width: 155mm Subject: Medicine, Surgery Item Weight: 555g Number of Pages: 347 Pages. With the institution of ventilatory support, lung injury can be aggravated through what has been termed volutrauma and barotrauma, leading to further atelectasis in dependent lung zones, and cyst formation in the anti-dependent zones. Its causes are both pre-renal and renal.

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Because the syndrome almost invariably arises following the activation of a host inflammatory response, MODS can be considered to be the maladaptive consequence of acute inflammation, the systemic equivalent of functio laesa, or loss of function, a cardinal sign of acute localized inflammation. Thus characterization of the process as multiple organ dysfunction is more appropriate.

Dying with acute respiratory failure or multiple organ system failure with sepsis

Finally, although it is described as a syndrome, its clinical course and causes are highly variable, and there is only the most general form of consensus regarding the organs whose dysfunction comprises the syndrome, or the criteria that should be used to describe this dysfunction. After the problem posed by posttraumatic kidney failure had been solved in the 1960s and 1970s, the adult respiratory distress syndrome ARDS became the biggest problem in the 1970s and 1980s Fig. Immunologic Multiple abnormalities of non-specific and specific immune function are described in the critically ill patient, including impaired delayed type hypersensitivity responsiveness, altered production of antibodies, and a complex spectrum of abnormalities in the regulation of lymphocyte responses.

Adult Respiratory Distress Syndrome

The observation that critically ill patients die, not as a result of the progression of the disorder that precipitated ICU admission, but of a complex series of physiologic derangements that develop following resuscitation and management in the ICU was first made in the 1960's. Mendoza, Pulmonary Division, University of Maryland Hospital, Baltimore; G. The latter has recently gained prominence as a promising therapeutic target for the patient with prolonged inflammation and organ dysfunction.

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The efforts that have been made in medical care, however, have showed some success; for example although the frequency of traffic accidents in the Federal Republic of Germany has remained constant over the years, the number of deaths resulting from them has decreased Fig. Hematologic Leucocytosis is an adaptive response to a variety of acute stresses and therefore commonly present, although not truly a manifestation of organ dysfunction. Burns, Geisinger Medical Center, Danville, Pa; J.

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Neurologic An altered level of consciousness, reflected in a reduction in the Glasgow Coma Score, is the most readily recognizable manifestation of the neurologic dysfunction of MODS. Reduced renal blood flow secondary to systemic hypotension, altered regional perfusion, or increased intra-abdominal pressure is an early risk factor; evolution of the disorder is compounded by pre-existing physiologic deficit and the effects of nephrotoxic drugs.

Adult Respiratory Distress Syndrome

Gilmour, University of Minnesota Hospital, Minneapolis; C. Background: The dying experience of patients with acute respiratory failure ARF or multiple organ system failure with sepsis MOSF has not been described. Design: A multicenter prospective study.

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