

Acute respiratory distress syndrome

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摘要

Abstract

Acute respiratory distress syndrome is a manifestation of acute injury to the lung, commonly resulting from sepsis, trauma, and severe pulmonary infections. Clinically, it is characterized by dyspnea, profound hypoxemia, decreased lung compliance, and diffuse bilateral infiltrates on chest radiography. Provision of supplemental oxygen, lung rest, and supportive care are the fundamentals of therapy. The management of acute respiratory distress syndrome frequently requires endotracheal intubation and mechanical ventilation. A low tidal volume and low plateau pressure ventilator strategy is recommended to avoid ventilator-induced injury. Timely correction of the inciting clinical condition is essential for preventing further injury. Various medications directed at key stages of the pathophysiology have not been as clinically efficacious as the preceding experimental trials indicated. Complications such as pneumothorax, effusions, and focal pneumonia should be identified and promptly treated. In refractory cases, advanced ventilator and novel techniques should be considered, preferably in the setting of clinical trials. During the past decade, mortality has declined from more than 50 percent to about 32 to 45 percent. Death usually results from multisystem organ failure rather than respiratory failure alone.