BÖLÜM 18

AKUT RESPİRATUAR DİSTRES SENDROMUNDA KİŞİSELLEŞTİRİLMİŞ TIBBA DOĞRU

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TANIM, İLİŞKİLİ KAVRAMLAR VE EPİDEMİYOLOJİ

Akut Respiratuar Distres Sendromu (ARDS), akut solunum yetersizliği, aşikâr hipoksi (PaO2/FIO2 oranı ≤ 300 mmHg) ve konjestif kalp yetersizliğiyle açıklanamayan iki taraflı akciğer infiltrasyonlarıyla karakterize etyolojik, radyolojik ve biyokimyasal açıdan oldukça heterojen bir kritik hastalıktır (1-3). Yaklaşık 50 yıl önce ilk kez ortaya konduktan sonra prognozu iyileştirme adına birçok medikal ve girişimsel tedavi denenmişse de olumlu sonuçlar elde edilememiştir (4). Özellikle Berlin tanımlaması (Tablo 1) yapıldıktan sonra hastalığa yönelik farkındalık artmış; bu çalışmada hipoksi derecesine göre yapılan sınıflamayı takiben hastalığa yol açan sebepler, ortaya çıkış süresi, radyolojik ve biyokimyasal özellikler göz önüne alınarak farklı sınıflamalar getirilmiştir (1,5). Çok uluslu LUNG-SAFE çalışmasında yoğun bakım hastalarının %10'unun tanı kıstaslarını karşıladığı saptanmıştır ve bu hasta grubunda mortalite halen %41,6 gibi yüksek bir oranda gözlenmiştir (6).

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nuyla solunumsal parametrelere göre minimal akciğer hasarı için kendini her bir solukta yeniden programlayabilen ventilatörler, biyolojik verilere göre düzenlenmiş direkt hedefe yönelik spesifik tedaviler oluşturmaktadır. Tıbbi teknolojinin ulaştığı noktada artık bu hedeflerin çok da uzak olmadığını söyleyebiliriz.

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