



BÖLÜM 9

Akut Solunum Sıkıntısı Sendromu

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Giriş

Akut solunum sıkıntısı sendromu (ARDS), pulmoner veya sistemik kaynaklı olabilen, inflamatuvar bir süreçte sekonder olarak gelişen alveolar hasar nedeniyle hipoksemi ve nefes darlığına yol açan, kardiyojenik olmayan pulmoner ödem şeklindedir.

ARDS ilk olarak 1967’de Ashbaugh ve arkadaşları tarafından tanımlanmıştır (1). 1994 yılında yayınlanan Amerikan Avrupa Mutabakat Konferansı (AECC) tanımı, klinisyenler tarafından geniş çapta benimsenmiş ve yaygın olarak uzun süre kullanılmıştır (2). 18 yıllık uygulamalı araştırmalar sonrasında bu kriterlerin yetersizliliği gözlemlenmiş ve yerini 2012 yılında yayınlanan Berlin tanımına bırakmıştır (3). Berlin tanımı 4 kategoriden oluşmaktadır (Tablo 1).

Tablo 1. ARDS’nin Berlin Tanımı

Akut solunum sıkıntısı sendromu (ARDS)

Zamanlama: 1 hafta içinde ortaya çıkan yeni veya kötüleşen solunum semptomları,

Akciğer görüntülemesi: Efüzyon, kollaps ve nodül ile açıklanamayan bilateral opasite,

Ödem kaynağı: Solunum sıkıntısı kalp yetmezliği veya aşırı sıvı yüklenmesi ile tam olarak açıklanamıyor. Herhangi risk faktörü yoksa hidrostatik ödemi dışlamak için objektif bir değerlendirmeye (örn. Ekokardiyografi) ihtiyaç var

Oksijenizasyon:

- Hafif: $200 \text{ mmHg} < \text{PaO}_2/\text{FiO}_2 \leq 300 \text{ mm Hg} + \text{PEEP veya CPAP} \geq 5 \text{ cm H}_2\text{O}$
- Orta: $100 \text{ mm Hg} < \text{PaO}_2/\text{FiO}_2 \leq 200 \text{ mm Hg} + \text{PEEP} \geq 5 \text{ cm H}_2\text{O}$
- Ağır: $\text{PaO}_2/\text{FiO}_2 \leq 100 \text{ mm Hg} + \text{PEEP} \geq 5 \text{ cm H}_2\text{O}$

Kısaltmalar: CPAP, sürekli pozitif hava yolu basıncı; FiO_2 , inspiyum havasındaki fraksiyone oksijen; PaO_2 , arteriyel parsiyel oksijen basıncı; PEEP, ekspirasyon sonu pozitif basınç

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