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LUNG FUNCTION IS DECLINED IN SMOKING "BECAK" DRIVERS
(Imamatur Roffiah, Soedjajadi Keman)

THE INCREASE OF eHSP 72 IN MEMBERS OF DZIKIR GROUP
(Siti Nur Asiyah, Suhartono Taat Putra, Kuntoro)

EFFECTIVENESS OF NUCLEAR DNA MINI PRIMER SET AT LOCI FGA, CSF1PO & D21S11
IN HIGH-TEMPERATURE DNA DEGRADATION WITH POLYMERASE CHAIN REACTION (PCR) METHOD
(Ahmad Yudianto, Theresa Lindawati, Pandu Hanindito)

THE EFFECT OF PASSIVE SMOKING ON THE INCIDENCE OF PRIMARY DYSENORRHEA
(Raisa Amini, Abkar Raden, Rosalia Sri Hidayati, Yulii Lardi Retno Dewi, Yoseph Indrayanto)

THE ROLE OF GLUCOSE AND PHOSPHATE IN IN VITRO CULTURE MEDIUM
TO OVERCOME CELL BLOCK ON MOUSE EMBRYO
(Widjati, Y. Sukra, B. Purwantara, I Djuwita)

PREVALENCE OF HEPATITIS B, HEPATITIS C AND HUMAN IMMUNODEFICIENCY VIRUS INFECTION
AMONG PEDIATRIC HEMATOLOGY ONCOLOGY PATIENTS WITH REPEATED TRANSFUSION
(Mia Ratwita Andarsini, Ari S. Dwi Putri, IDG Ugrasena, Sjamsul Arief)

CLINICAL FEATURES OF INFLUENZA A (H1N1) IN CHILDREN AT DR SOETOMO GENERAL HOSPITAL
(Retno Aah Setyoningrum)

Case Report:
PAIN RELIEVED IN ACUTE BREAST INFECTION USING EXTRA ANATOMY PATHWAY
(Abdurachman)

Case Report:
GROWTH HORMONE TREATMENT IN SHORT CHILDREN. A REPORT OF 4 CASES
(Muhammad Faizi, Taufiqur Rahman, Netty EP)

Review Article:
FLAIL CHEST MANAGEMENT IN ARDS
(Heru Koesbijanto)

Review Article:
ADEQUATE MANAGEMENT OF DEPRESSION AND NEUROPATHIC PAIN IN PATIENT WITH TYPE 2 DIABETES
(Bernadette Dian Novita, Hardoko Daeng)
<table>
<thead>
<tr>
<th>No.</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LUNG FUNCTION IS DECLINED IN SMOKING BEAKAKAKA DRIVERS</td>
<td>143 - 146</td>
</tr>
<tr>
<td>2</td>
<td>THE INCREASE OF eHSP 72 IN MEMBERS OF DZIKIR GROUP</td>
<td>147 - 153</td>
</tr>
<tr>
<td>3</td>
<td>EFFECTIVENESS OF NUCLEAR DNA MINI PRIMER SET AT LOCI FGA, CSF1PO &amp; D21S11 IN HIGH-TEMPERATURE DNA DEGRADATION WITH POLYMERASE CHAIN REACTION (PCR) METHOD</td>
<td>154 - 159</td>
</tr>
<tr>
<td>4</td>
<td>THE EFFECT OF PASSIVE SMOKING ON THE INCIDENCE OF PRIMARY DYSMENORREA</td>
<td>160 - 165</td>
</tr>
<tr>
<td>5</td>
<td>THE ROLE OF GLUCOSE AND PHOSPHATE IN IN VITRO CULTURE MEDIUM TO OVERCOME CELL BLOCK ON MOUSE EMBRYO</td>
<td>166 - 170</td>
</tr>
<tr>
<td>6</td>
<td>PREVALENCE OF HEPATITIS B, HEPATITIS C AND HUMAN IMMUNODEFICIENCY VIRUS INFECTION AMONG PEDIATRIC HEMATOLOGY ONCOLOGY PATIENTS WITH REPEATED TRANSFUSION</td>
<td>171 - 173</td>
</tr>
<tr>
<td>7</td>
<td>CLINICAL FEATURES OF INFLUENZA A (H1N1) IN CHILDREN AT DR SOETOMO GENERAL HOSPITAL</td>
<td>174 - 177</td>
</tr>
<tr>
<td>8</td>
<td>Case Report: PAIN RELIEVED IN ACUTE BREAST INFECTION USING EXTRA ANATOMY PATHWAY</td>
<td>178 - 181</td>
</tr>
<tr>
<td>9</td>
<td>Case Report GROWTH HORMONE TREATMENT IN SHORT CHILDREN. A REPORT OF 4 CASES</td>
<td>182 - 190</td>
</tr>
<tr>
<td>10</td>
<td>Review Article: FLAIL CHEST MANAGEMENT IN ARDS</td>
<td>191 - 197</td>
</tr>
<tr>
<td>11</td>
<td>Review Article: ADEQUATE MANAGEMENT OF DEPRESSION AND NEUROPATHIC PAIN IN PATIENT WITH TYPE 2 DIABETES</td>
<td>198 - 202</td>
</tr>
</tbody>
</table>
Abstract

Flail chest complicates about 10% to 20% of patients with blunt chest trauma and is associated with a mortality rate ranging from 10% to 35%. The management of severe flail chest has gradually changed over years, as a consequence of improved ventilatory techniques and better understanding of the pathophysiology of the complex traumatic acute respiratory failure syndrome. At present, it is widely accepted that respiratory impairment in flail chest patients is only partially due to inefficient ventilation related to the paradoxical movement of the chest wall, but is significantly influenced by other associated thoracic injuries, in particular pulmonary contusion and atelectasis. In the last decade, the mainstay of treatment of severe flail chest has shifted from the treatment of the flail segment to the management of associated thoracic injuries with particular attention to pulmonary contusion. Acute respiratory distress syndrome (ARDS) is a serious reaction to various forms of injuries to the lung. This is the most important disorder resulting in increased permeability pulmonary oedema ARDS is a severe lung disease caused by a variety of direct and indirect insults. It is characterized by inflammation of the lung parenchyma leading to impaired gas exchange with concomitant systemic release of inflammatory mediators causing inflammation, hypoxemia and frequently resulting in multiple organ failure. This condition is life threatening and often lethal, usually requiring mechanical ventilation and admission to an intensive care unit. A less severe form is called acute lung injury (ALI).

Keyword: flail, chest, trauma, ARDS, lung, injury,

Daftar Pustaka: