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Review Article: FLAIL CHEST MANAGEMENT IN ARDS

Abstrak :

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

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