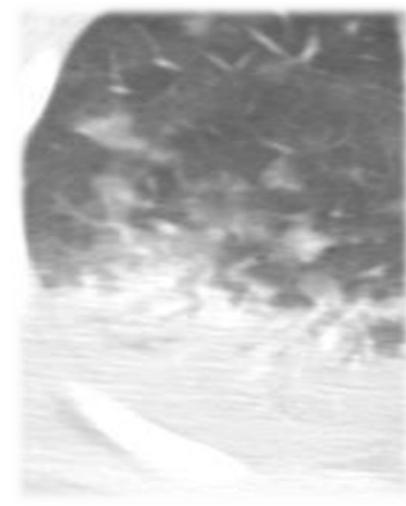


2019台灣胸腔暨重症加護醫學會

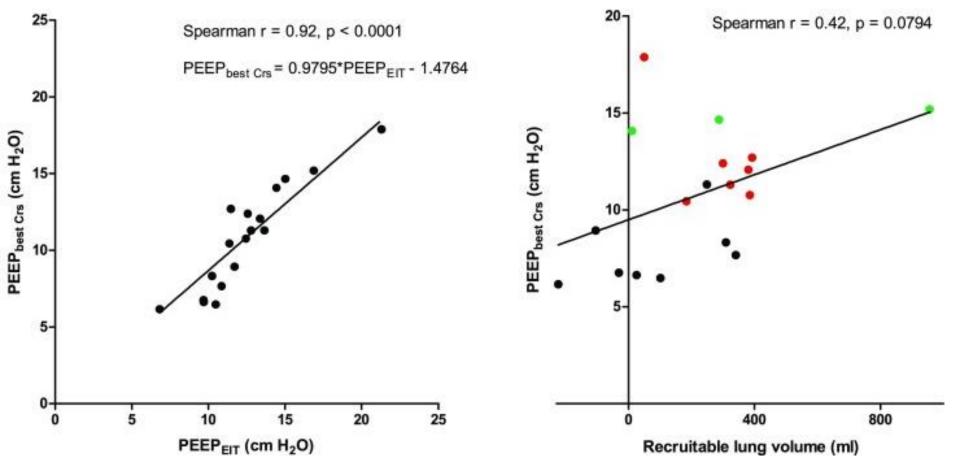
2019 Taiwan Society of Pulmonary and Critical Care Medicine

Two similar best respiratory system compliance in ARDS patients Analyzed by Electrical impedance tomography (EIT)

成大醫院胸腔內科 <u>蘇柏嵐</u>林偉傑 陳昌文







No relationship between PEEP level selected by best compliance and recruited volume
 → Recruited volume could not be surrogate for PEEP selection
 → During study, same systemic compliances at two different PEEP were noted
 (<1 ml/cm H₂O)

Su et al. Intensive Care Med. 2018



In some cases, compliance increases following PEEP decrements and reaches a plateau, that is, maximum value of compliance with difference <1mL/cmH₂O. In these cases, consider optimal PEEP as **2cmH₂O above the highest PEEP** within the plateau range. ART trial. JAMA. 2017

... If at 2 different PEEPs the static compliance was identical,

we chose the one with the **lower plateau pressure**...

Pintado et al. Respir Care 2013

Study Population

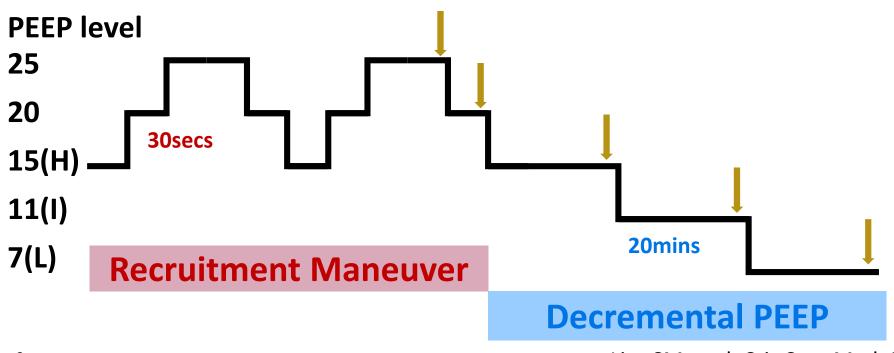
Physiologic study

33 acute respiratory distress syndrome patients in NCKUH

Study Protocol

Protective ventilation (6-8ml/kg IBW), RR < 30/min, FiO₂ \ge 50% Perform recruitment maneuver and followed by decremental PEEP Electrical impedance tomography were recorded in whole course **End-expiratory/end-inspiratory occlusion** at final five level

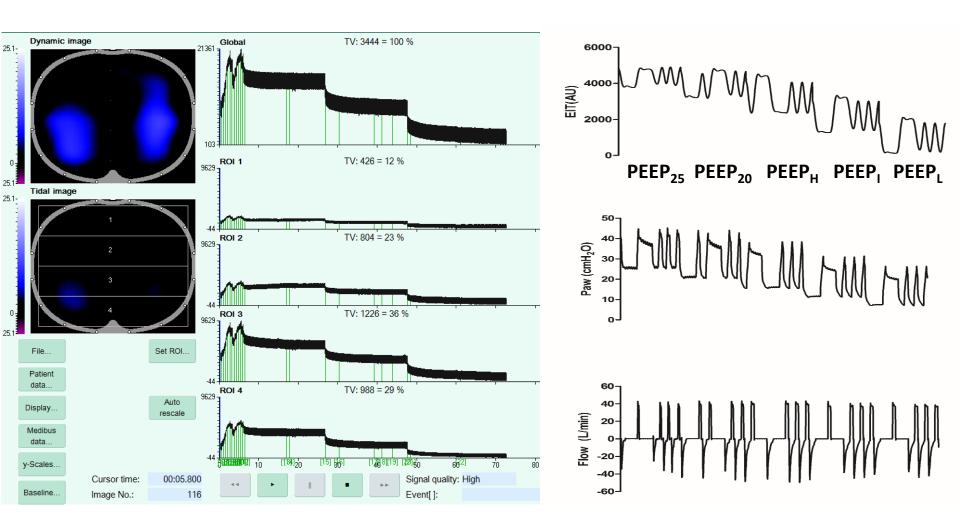
for calculation of lung mechanics





Lim CM et al, Crit Care Med, 2003.







Case	1	2	3	4	5	6	7	8	9	10	11
Gender/Age	M/65	F/40	M/30	M/73	F/64	F/67	M/36	M/41	M/70	M/74	M/60
MV days	11	2	6	3	3	3	3	13	3	8	3
ARDS Severity	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Moderate	Severe	Moderate
Diagnosis	Pneumonia	Pneumonia, Turner syndrome	PJP, Behçet's disease	KP Pneumonia	Pneumonia	Pneumonia	Miliary tuberculosis	Pneumonia	Pneumonia, Lung cancer	Acute cholecystitis with KP bacteremia	PJP, T-cell lymphoma
Outcome	Survival	Survival	Survival	Death	Death	Survival	Survival	Survival	Death	Death	Death
PEEP _H (cm H ₂ O)	15.6	14.7	14.5	14.3	13.9	14.8	14.6	15.4	15.9	13.7	15.9
PEEP _I (cm H ₂ O)	11.4	10.4	10.3	10.7	9.4	10.6	10.8	11.6	13.2	9.5	13.0
PEEP _L (cm H ₂ O)	6.8	6.2	6.1	6.6	5.2	6.5	6.8	7.7	8.4	5.4	8.6
Crs, PEEP _H (ml/cm H ₂ O)	25.5	27.2	36.8	33.8	34.5	21.6	56.9	43.9	42.5	42.8	31.2
Crs, PEEP _I (ml/cm H ₂ O)	32.8	31.8	36.1	37.5	34.6	27.9	59.0	54.3	44.4	44.8	30.3
Crs, PEEP _L (ml/cm H ₂ O)	32.8	31.6	33.4	38.0	29.0	28.8	58.9	54.6	43.5	45.3	30.1



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3 patients with similar compliance at PEEP_I and PEEP_H

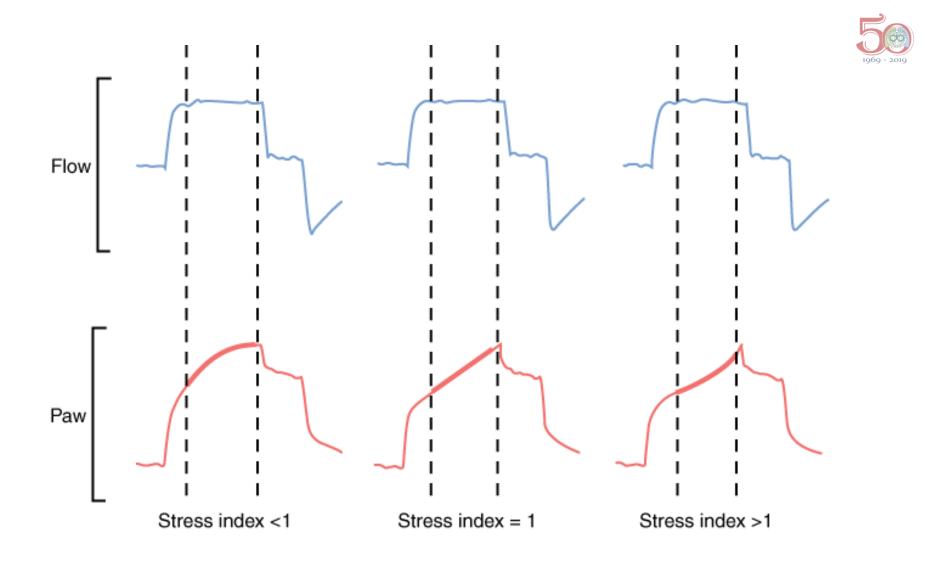
8 patients with similar compliance at PEEP_L and PEEP_I



EIT-based measurement

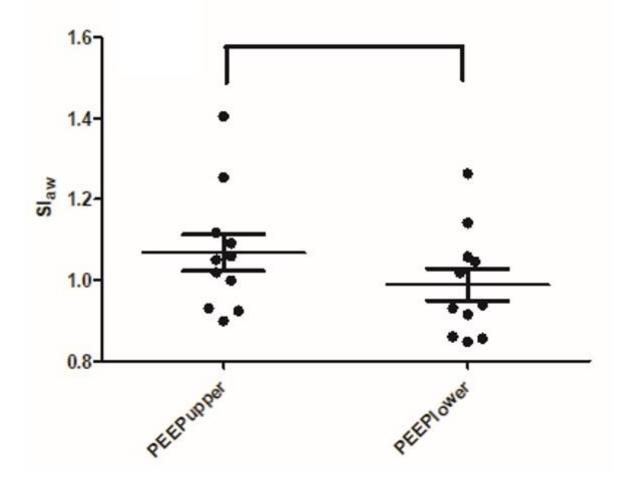


EIT-based measurement



airway pressure = $a \times inspiratory time^{b} + c$





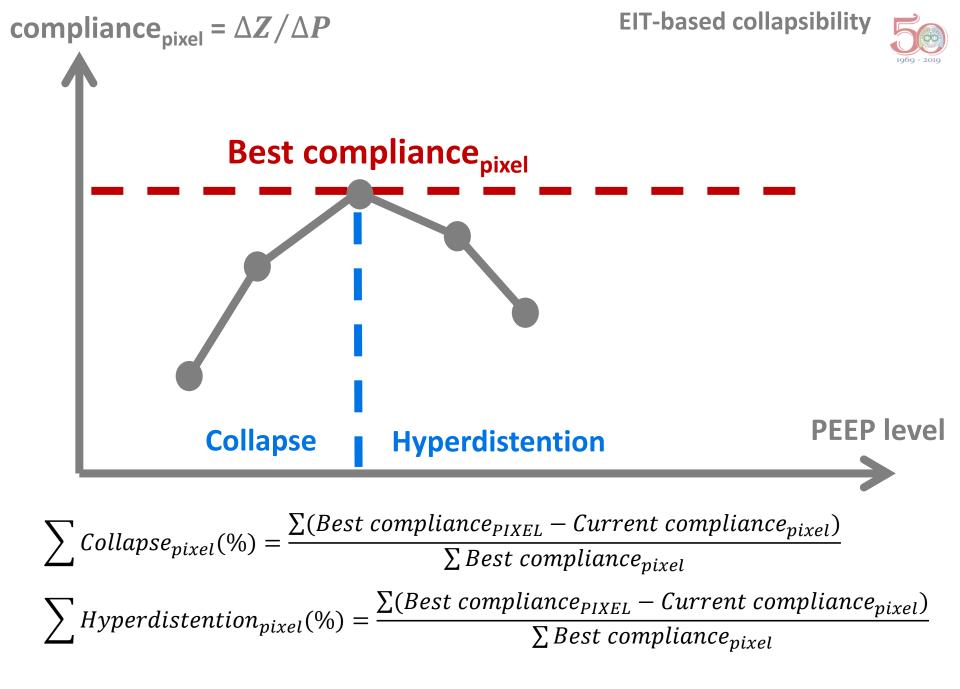
PEEP_{upper} has higher stress index

Only 8 case in $PEEP_{upper}$ and 6 cases when $PEEP_{lower}$ has stress index in the recommended range (0.9 < SI<1.1)



EIT-based measurement

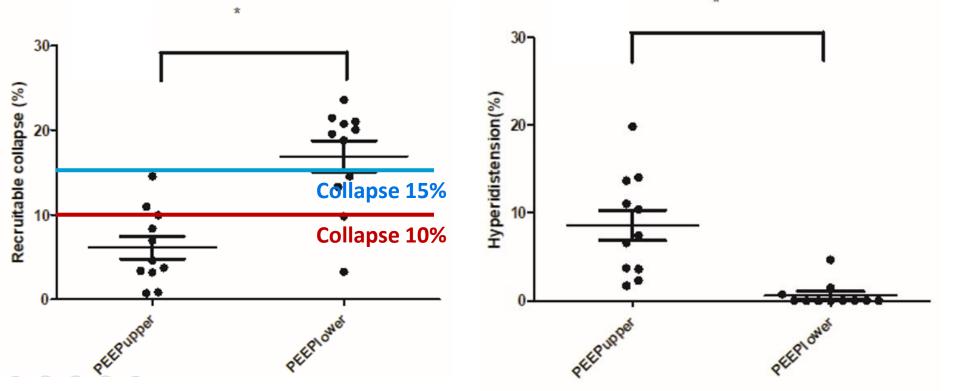
Collapsibility/Hyperdistention



Costa EL et al, Intensive Care Med, 2009.

ORIGINAL ARTICLE

Bedside Contribution of Electrical Impedance Tomography to Setting Positive End-Expiratory Pressure for Extracorporeal Membrane Oxygenation-treated Patients with Severe Acute Respiratory Distress Syndrome



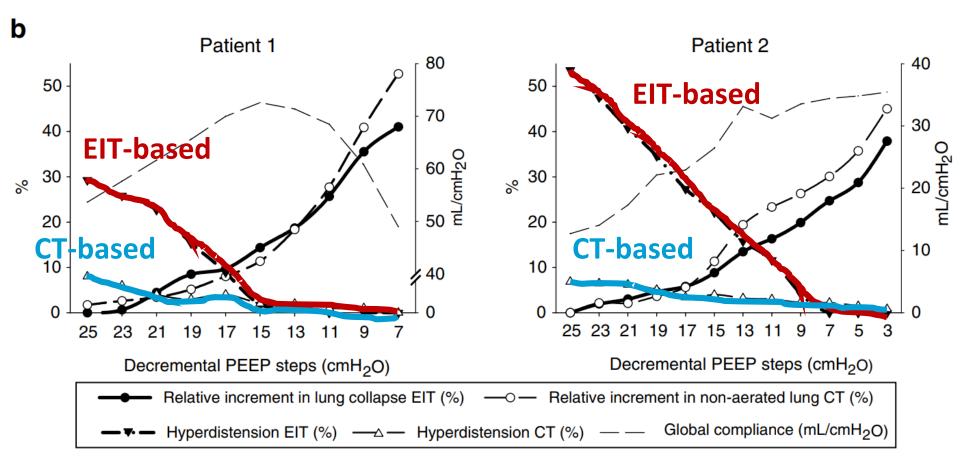
PEEP_{upper} has higher hyperdistention and lower collapse When selected PEEP_{lower}

75% cases have a recruitable lung collapse above 10%58% cases have a recruitable lung collapse above 15%

Costa EL et al, Intensive Care Med, 2009. Franchineau G et al. Am J Respir Crit Care Med, 2017.







EIT-based hyperdistention usually overestimate CT-based hyperdistention

Costa EL et al, Intensive Care Med, 2009.

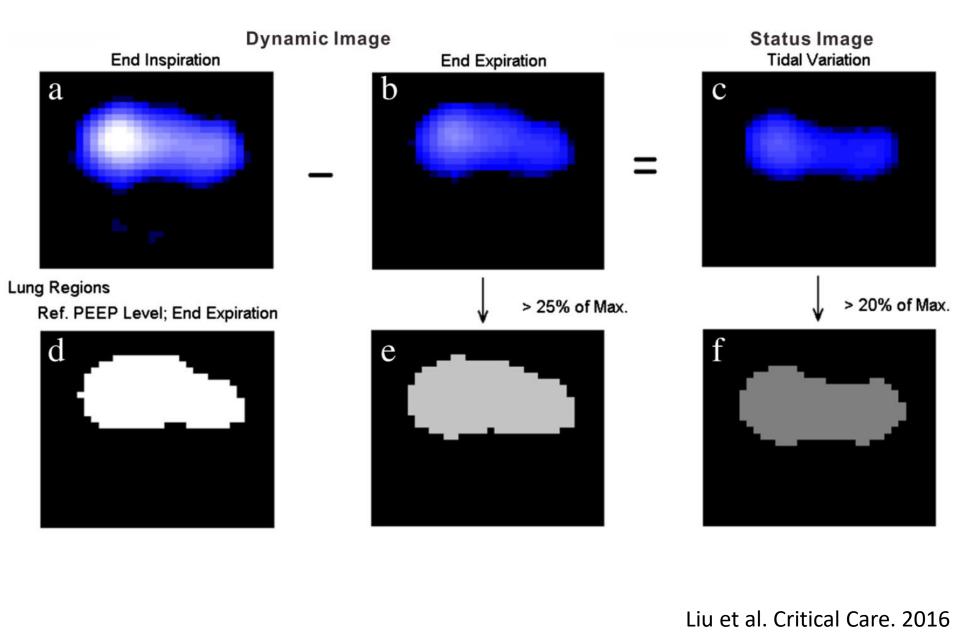


EIT-based measurement

Collapsibility/Hyperdistention

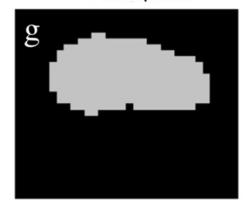
Tidal recruitment/derecruitment





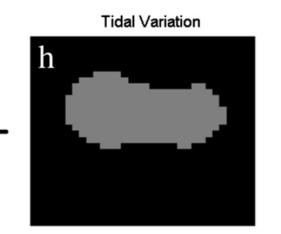


Arbitrary PEEP Level End Expiration

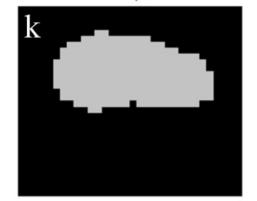


Tidal Variation





End Expiration



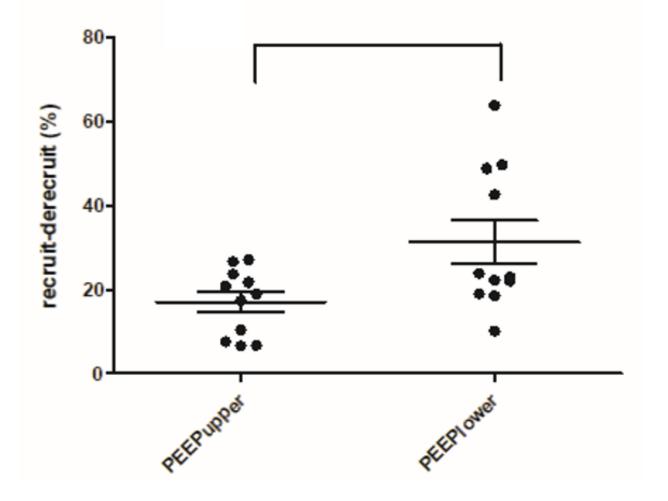
Overdistension



Tidal Recruitment / Derecruitment







PEEP_{lower} has significantly higher tidal recruitment/derecruitment



Case	1	2	3	4	5	6	7	8	9	10	11
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MV days	11	2	6	3	3	3	3	13	3	8	3
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3 patients with similar compliance at PEEP_I and PEEP_H

8 patients with similar compliance at PEEP_L and PEEP_I



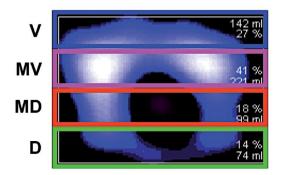
EIT-based measurement

Collapsibility/Hyperdistention

Tidal recruitment/derecruitment

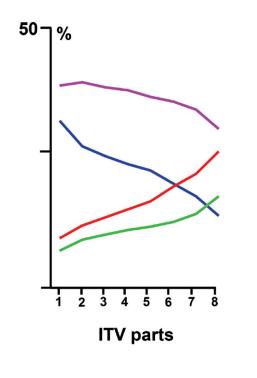
Intratidal ventilation distribution



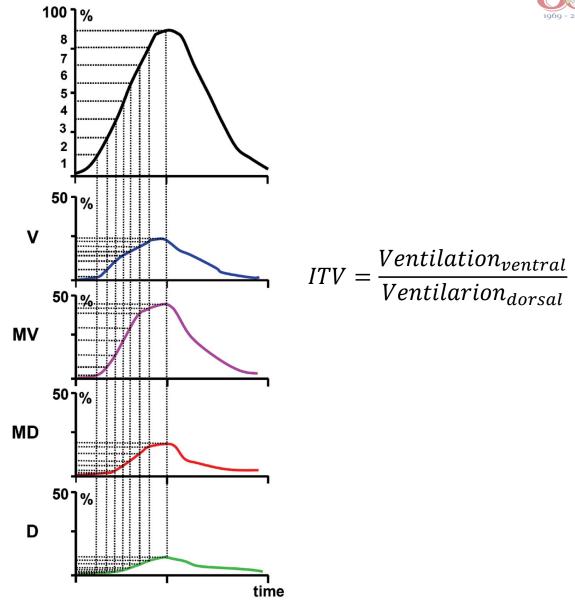


Α

С

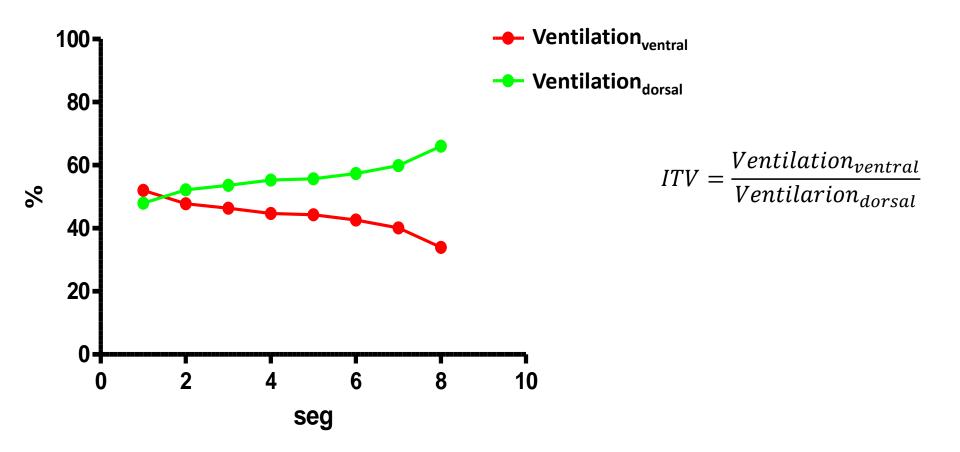


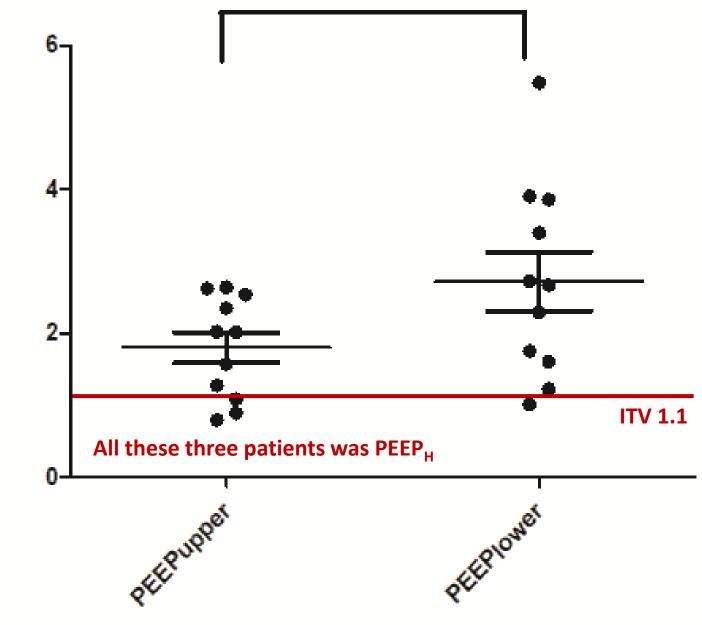
В



Lowhagen et al. Minerva Anestesiol. 2010







Mean ITV-index





Case	1	2	3	4	5	6	7	8	9	10	11
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3 patients with similar compliance at PEEP, and PEEP,

8 patients with similar compliance at PEEP_L and PEEP_I



Summary

- PEEP_{upper} is recommended for ARDS patients with two similar best Crs but different PEEP levels
- PEEP_{upper} >11 cm H₂O could present a potential risk of lung hyperdistension
- Addition of 2 cm H₂O over PEEP_{upper} was not supported in the current study.





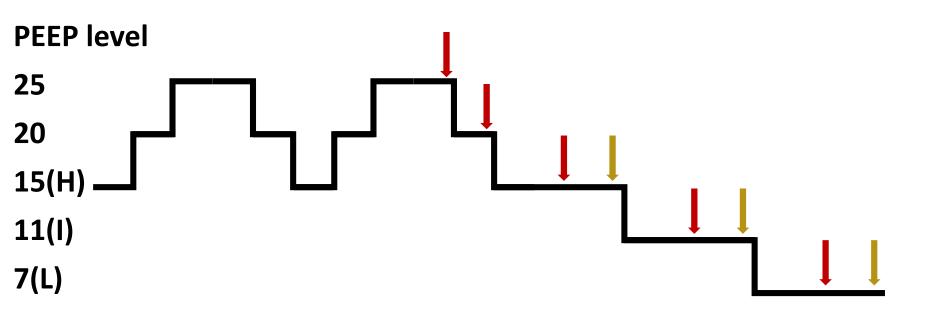
Protocol

- Define airway opening pressure with low flow pressure volume curve
- Set PEEP 15 cmH2O then 5 cmH2O, each 30 mins
- Delta P 15 cmH2O
- Center of ventilation
- Intra-tidal ventilation distribution
- Collapsility-Hyperdistention
- Regional compliance
- Transpulmonary driving pressure

Gas Exchange, Hemodynamics, and Ventilation Data

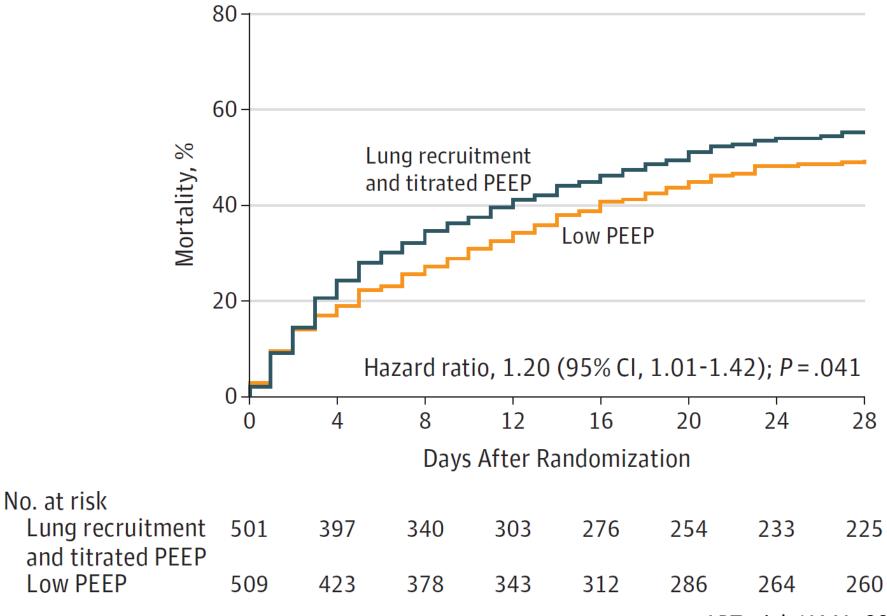


Electrical impedance tomography were recorded in whole course
End-expiratory/end-inspiratory occlusion at final five level for calculation of lung mechanics
Arterial blood gas at PEEP level 15, 11, 7 cmH₂O



Lim CM et al, Crit Care Med, 2003. Dellamonica J et al, Intensive Care Med, 2011.





ART trial. JAMA. 2017

