

Name of journal: World Journal of Respirology

ESPS Manuscript NO: 17594

Columns: MINIREVIEWS

32
Reducing acute respiratory distress syndrome occurrence using mechanical ventilation

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Abstract

The standard treatment for acute respiratory distress syndrome (ARDS) is supportive in the form of low tidal volume (Vt) ventilation applied after significant lung injury has already developed. Nevertheless, ARDS mortality remains unacceptably high (> 40%). Indeed, once ARDS is established it becomes refractory to treatment, and therefore avoidance is key. However, preventive techniques and therapeutics to reduce the incidence of ARDS in patients at high-risk have not been validated clinically. This review discusses the current data suggesting that preemptive application of the properly adjusted mechanical breath can block progressive acute lung injury and significantly reduce the occurrence of ARDS.

Key words: Acute respiratory distress syndrome; Ventilator induced lung injury; Early Acute lung

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