Review of the classics


ACUTE RESPIRATORY DISTRESS IN ADULTS

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Summary

The respiratory-distress syndrome in 12 patients was manifested by acute onset of tachypnea, hypoxemia, and loss of compliance after a variety of stimuli; the syndrome did not respond to usual and ordinary methods of respiratory therapy. The clinical and pathological features closely resembled those seen in infants with respiratory distress and to conditions in congestive atelectasis and postperfusion lung. The theoretical relationship of this syndrome to alveolar surface active agent is postulated. Positive end-expiratory pressure was most helpful in combating atelectasis and hypoxemia. Corticosteroids appeared to have value in the treatment of patients with fat-embolism and possibly viral pneumocnia.

This article is the original description of the Acute Respiratory Distress Syndrome (ARDS). Thirty eight years later, and over 10,000 articles published on the subject, a great deal of progress has been made in our understanding of this disorder, yet despite this, many questions remain unanswered. It is of interest to note that in the original description many of the observations made were quite accurate.

The article outlined the clinical, radiological, bioch-
They also noted that although corticosteroids were apparently useful in two patients, they are of questionable value in the treatment of patients who develop ARDS after trauma.

In short, the authors elegantly elucidated the key pathophysiologic features of ARDS and recommended the use of PEEP in all patients and possibly steroids in a select few. It took many more years to discover the potential harmful effects of ventilation at higher volumes, but otherwise it seems not much has changed.

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