REFERENCES


LUNG ALERT

No benefit from using pulmonary artery catheters to guide treatment of acute lung injury

Acute lung injury (ALI) is a prevalent and devastating condition in the intensive care unit. Although pulmonary artery catheters (PAC) provide clinicians with important data about a patient’s haemodynamic status, doubts about their clinical benefit and worries about safety have raised questions about their usefulness. This study was designed to address this issue, with 1000 patients recruited in 20 North American centres. Patients were recruited after being diagnosed with ALI and were managed haemodynamically according to a standardised management protocol. 513 patients were randomised to have a PAC and 487 to have a standard central venous catheter (CVC).

Both the PAC and CVC groups had similar rates of death during the first 60 days (27.4% and 26.3% respectively, p = 0.69). Mean (SE) ventilator-free days were also similar (13.2 (0.5) and 13.5 (0.5), p = 0.58), as were the number of days not spent in the intensive care unit up to day 28 (12.0 (0.4) and 12.5 (0.5), p = 0.40). Using a PAC did not seem to reduce the incidence or the duration of organ failure or support in comparison with the CVC group. Although adverse events related to insertion of the catheters were uncommon, the PAC group had a higher number of complications than the CVC group (100 v 41), with the predominant complication being arrhythmia.

This study shows that using a PAC to guide treatment for ALI does not improve survival or organ function and is associated with more complications than CVC guided treatment.

J T C Yen
Specialist Registrar in Anaesthetics, Barnet General Hospital, London, UK; jtcyen@hotmail.com

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J T C Yen

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