

6th World Pediatric Congress

August 18-19, 2016 Sao Paulo, Brazil

Negative pressure pulmonary edema: Regarding two cases

Tania Sofia Leano Martins, Lurdes Lisboa and Augusto ribeiro
Centro Hospitalar Sao Joao, Portugal

Introduction: Negative pressure pulmonary edema is a well described entity, though probably underdiagnosed. It occurs due to the transudation of fluid into the lung tissue by increasing the negative intrathoracic pressure, resulting from the obstruction of the upper airways.

Clinical Cases: A teen male of 14 years old underwent orchiectomy, under balanced general anesthesia. After removal of the laryngeal mask, he started breathing with difficulties, airy róseas secretions, hypoxia and scattered crackles. Therapy with furosemide, morphine and nebulized salbutamol was done. The chest radiograph revealed bilateral interstitial infiltrates. So, he was admitted to the Intensive Care Unit Pediatric in spontaneous ventilation with O₂ to 6 L/min, respiratory rate of 25 cpm, drawing sub and intercostal and SpO₂ 92% for non-invasive ventilation in ST mode with IPAP/EPAP maximum 17/7 and maximum FiO₂ 0.5 for about 13 h. He was observed by pediatric cardiology with normal echocardiogram and then discharged to house. A teen male of 13 years old underwent bowel resection target, under balanced general anesthesia. He was developed with bronchospasm resolved with positive pressure ventilation, nebulized epinephrine and salbutamol at the end of surgery. Later revealed secretions fluid róseas aired by which conducted therapy with morphine and furosemide. He remained sedated and ventilated and was transferred to the Intensive Care Unit Pediatric. A chest radiograph showed bilateral hilar infiltration, maintained mechanical ventilation for approximately 12 h, extubated uneventfully, without supplementary O₂. He was discharged to inpatient.

Comments: Negative pressure pulmonary edema is a rare disease with an incidence of approximately 0.1%. Early diagnosis and treatment, stressing non-invasive ventilation, are essential to decrease the morbidity and mortality.

Biography

Tania Sofia Leano Martins has completed her Medical Schooling from Medical School of Porto with 15 values and now is pursuing Pediatrics Specialty. She is a Trainer of advanced support of pediatric life as part of the Portuguese pediatric resuscitation group and Volunteer Teacher of pre-graduated Pediatrics practical and theory classes of Master's degree in Medicine from Oporto Medical Schools. She has attended several courses with evaluation like 11th European Post-graduate course in Neonatal and Pediatric Intensive care. She has presented several clinical studies in national and international conferences and published in the form of book chapter themes: Tuberculosis in pediatrics age and Neutropenia in Pediatrics.

tania_sofia_martins@hotmail.com

Notes: