

Neurocritical care (NCC) is not only generally guided by principles of general **intensive care**, but also directed by specific goals and methods. A review of Wen et al. summarizes the common **pulmonary diseases** and **pathophysiology** affecting NCC patients and the progress made in strategies of respiratory support in NCC. This review highlights the possible interactions and **pathways** that have been revealed between neurological injuries and respiratory diseases, including the **catecholamine** pathway, systemic **inflammatory** reactions, **adrenergic hypersensitivity**, and dopaminergic signaling. Pulmonary complications of neurocritical patients include **pneumonia**, neurological **pulmonary edema**, and **respiratory distress**. Specific aspects of respiratory management include prioritizing the **brain protection**, and the goal of respiratory management is to avoid inappropriate blood gas composition levels and **intracranial hypertension**. Compared with the traditional mode of protective **mechanical ventilation** with low **tidal volume** (V_t), high positive end-expiratory pressure (**PEEP**), and recruitment maneuvers, low PEEP might yield a potential benefit in closing and protecting the lung **tissue**. **Multimodal neuromonitoring** can ensure the safety of respiratory maneuvers in clinical and scientific practice. Future studies are required to develop guidelines for respiratory management in NCC ¹⁾.

¹⁾

Wen J, Chen J, Chang J, Wei J. **Pulmonary complications** and respiratory management in **neurocritical care**: a narrative review. Chin Med J (Engl). 2022 Apr 5;135(7):779-789. doi: 10.1097/CM9.0000000000001930. PMID: 35671179.

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