

Prone position improves oxygenation but not respiratory mechanics in mechanically ventilated Sars-Cov2 patients

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Introduction

SARS-COV2 pneumonia causes profound hypoxemia poorly responding to O₂ therapy similar to ARDS. Pronation has been used as treatment for classic ARDS demonstrating an improvement in lung mechanics and gas exchange¹. The aim of the study is to assess the effect of prone position during mechanical ventilation in COVID-19 associated acute distress syndrome on gas exchange and respiratory mechanics.

Methods

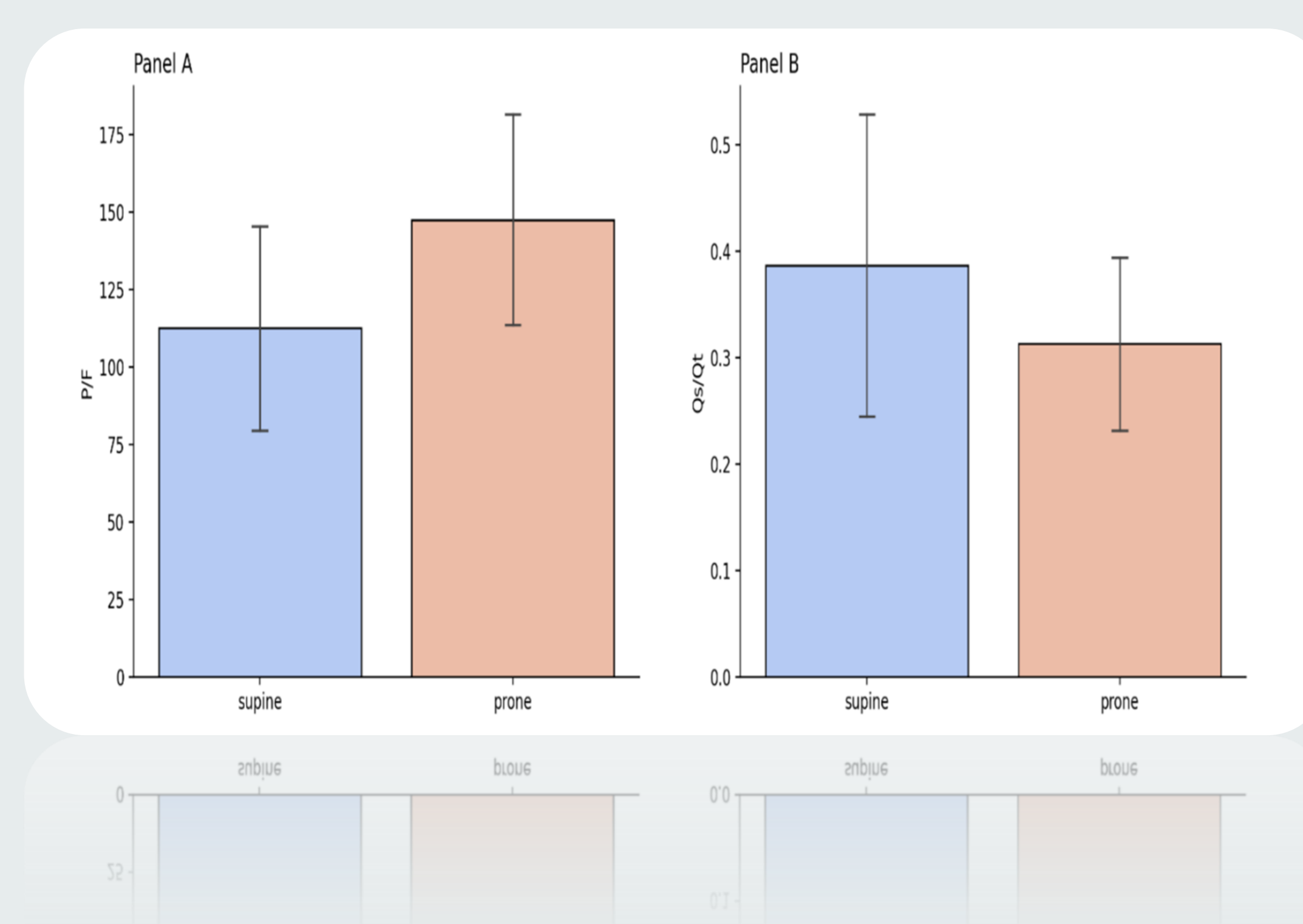
Nineteen volume controlled mechanically ventilated patients with SARS-COV2 sedated and paralyzed who required prone position were enrolled between March 1st and April 15th. Same ventilatory settings were maintained between supine and prone position. Respiratory mechanics using a dedicated system (Colligo; Elekton, Milan, Italy) and arterial/venous blood gases were collected at supine position and 1 hour after pronation.

Results

Mean anthropometrics: age 62.5 ± 6.8, BMI 30 ± 6.6, SAPS-II 36 ± 4.7. Mean ventilatory settings were: V_t 495 ± 44 mL (7.1 ± 7.5 mL/kg), Respiratory rate 18 ± 2, PEEP 10 ± 1 cmH₂O, and FiO₂ 0.7 ± 0.2, I:E=1:2. Plateau pressure and driving pressure (20 ± 2 vs 19.9 ± 2 cmH₂O p=0.7, 10.5 ± 4.6 vs 11.2 ± 3.6 cmH₂O p=0.2) as well as respiratory system elastance did not differ from supine to prone position (20.3 ± 5.3 vs 19.4 ± 4.6 p=0.6). CO₂ clearance was the same between both positions (paCO₂ 53.6 ± 10.7 vs 54.2 ± 7.4 p=0.65). Oxygenation in terms of P/F (Panel A, Fig 1) increased significantly in both positions while shunt fraction significantly decreased (0.39 ± 0.15 vs 0.31 ± 0.1 p=0.02) (Panel B, Fig 1).

Conclusion

Prone position improved gas exchange all in terms of oxygenation and not CO₂ clearance, without apparently having a positive effect on respiratory mechanics. Partitioning of respiratory mechanics and a larger population may be needed to further investigate pathophysiology of SARS-COV2 related pneumonia.



Bibliography

1. Gattinoni L et al. doi: 10.1056/NEJMoa010043.