



**12.º Congresso Brasileiro de
Terapia Intensiva Pediátrica**
**11.º Congresso da Sociedad LatinoAmericana de
Cuidados Intensivos Pediátricos**
13 a 16 de junho de 2012
São Paulo - SP

Trabalhos Científicos

Título: Effects Of Prone Position In Mechanically Ventilated Pediatric Patients With Ali/ards

Autores: ANALIA FERNANDEZ (); EZEQUIEL MONTEVERDE (); JULIO FARIAS ()

Resumo: Analía Fernandez, Ezequiel Monteverde, Julio Farias; On behalf of Sociedad latinoamericana de cuidados intensivos pediátricos (SLACIP) and Comité pediátrico de neumonología crítica de la Sociedad de Argentina de terapia Intensiva Objective: to describe ventilation in prone position (PP) as an adjunct to mechanical ventilation (MV) in acute lung injury (ALI) and acute respiratory distress syndrome (ARDS) in a large cohort of pediatric patients. Design: This is a secondary analysis of the database of a prospective multicenter international cohort of 1185 patients who received MV (SISofMV). Only those patients with ALI or ARDS were included in this study. They were analyzed as ventilated in PP or not. The PP group was also classified into responders (R) and non responders (NR) as per the criteria of Curley et al. Setting: 60 PICUs in Spain, Portugal, and 11 countries in Latin America. Patients: pediatric patients from one month to 16 years in MV with ALI or ARDS. Interventions: none. Measurements and Main Results: 197 patients were identified as having early ALI/ ARDS. Of these, 81 (41%, 95%CI 34-48) were ventilated in PP. In this group we identified a lower age (median 7 vs. 10 months, $p<0.02$), a lower PaO₂/FiO₂ ratio (median 77 vs. 111, $p<0.01$) and a higher proportion of patients with ARDS (91% vs. 84%; $p=0.17$). In the PP group, 36 patients were considered R (44%). When compared with the NR group, we could not find any differences in ventilatory settings, organ dysfunction, length of stay, or mortality. However, Rs showed more ventilator-free days than NRs (median 17 vs. 9, $p<0.05$). Conclusions: In this large cohort of pediatric patients in MV with ALI/ARDS, PP seems to have reduced the number of days of MV in patients who were responders. Randomized controlled trials are still needed before this technique can be recommended for widespread use.