

Self-inflicted lung injury: is it possible to identify the risk? A case report

Lesão pulmonar autoinflingida: é possível identificar o risco? Relato de caso

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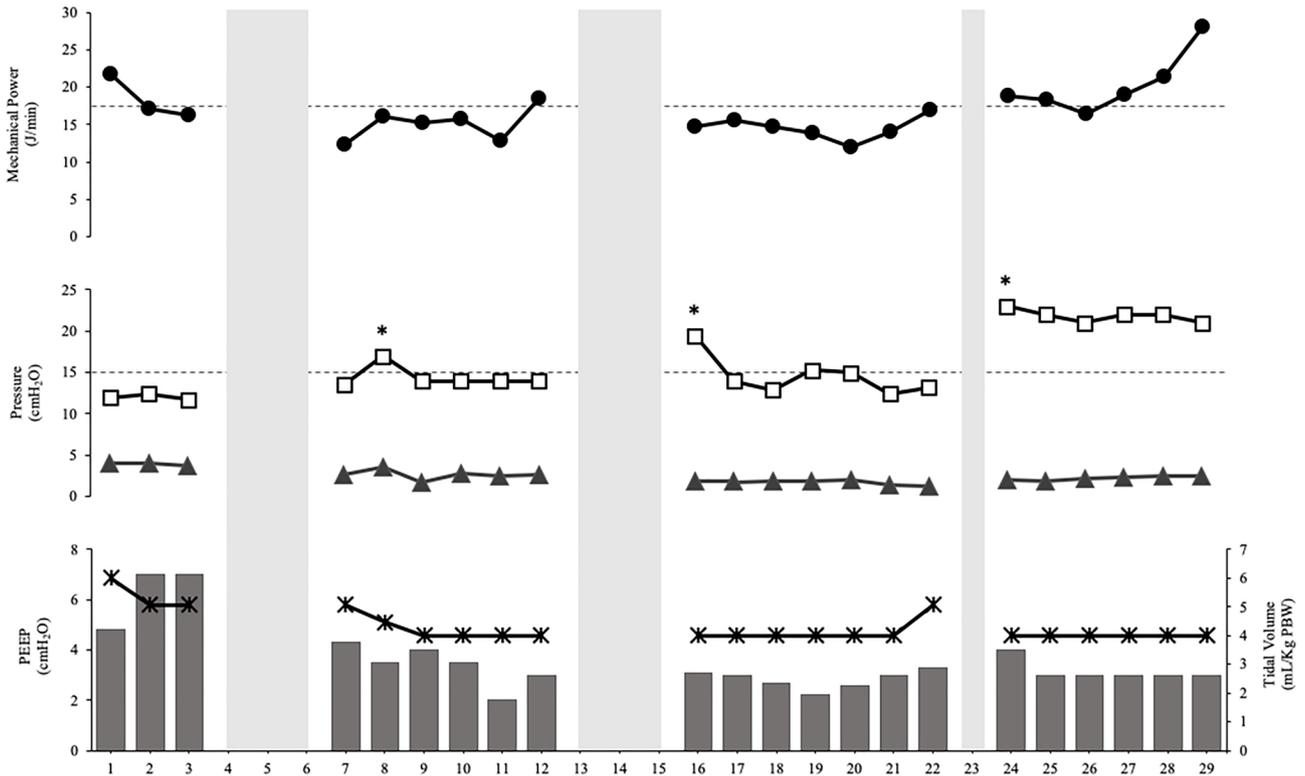


Figure 1S - Evolution of monitoring variables during controlled mechanical ventilation in volume controlled - continuous mandatory ventilation. Shadow gray areas indicate days of spontaneous breathing under pressure support ventilation, so no data are presented here. Mechanical power (circles) [upper panel]; esophageal driving pressure (triangles) and airway driving pressure (squares) [middle panel]; tidal volume (stars) and positive end expiratory pressure (bars) [lower panel]. Dotted lines indicate threshold values of mechanical power (17J/minute) and airway driving pressure (15cmH₂O).⁽¹⁻³⁾
 * Of note, airway driving pressure exceeds 15cmH₂O only after spontaneous breathing cycles in pressure support ventilation.
 PEEP - positive end expiratory pressure.

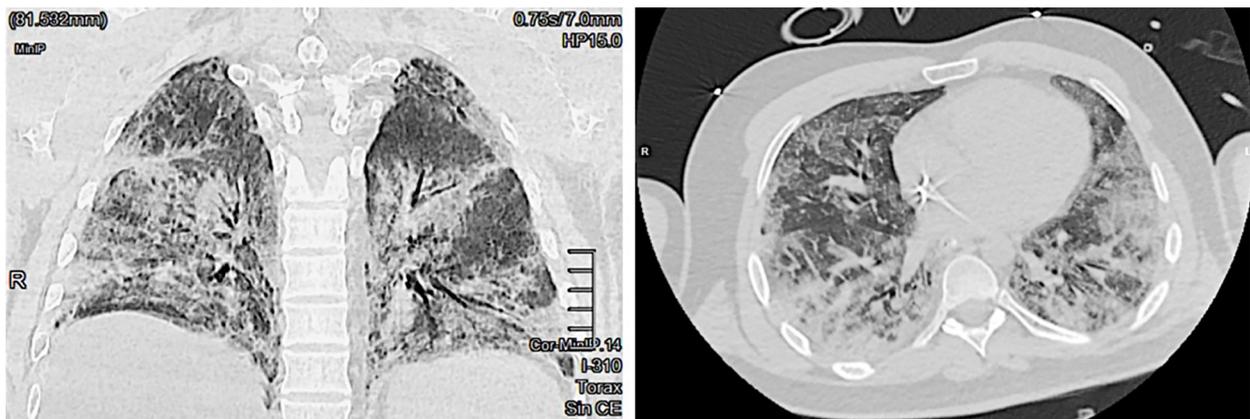


Figure 2S - Chest computed tomography after the first spontaneous breathing cycle under pressure support ventilation. The progression of lung injury and the appearance of new alveolar and interstitial bilateral infiltrates preferentially in dependent lung regions were clearly noticed.

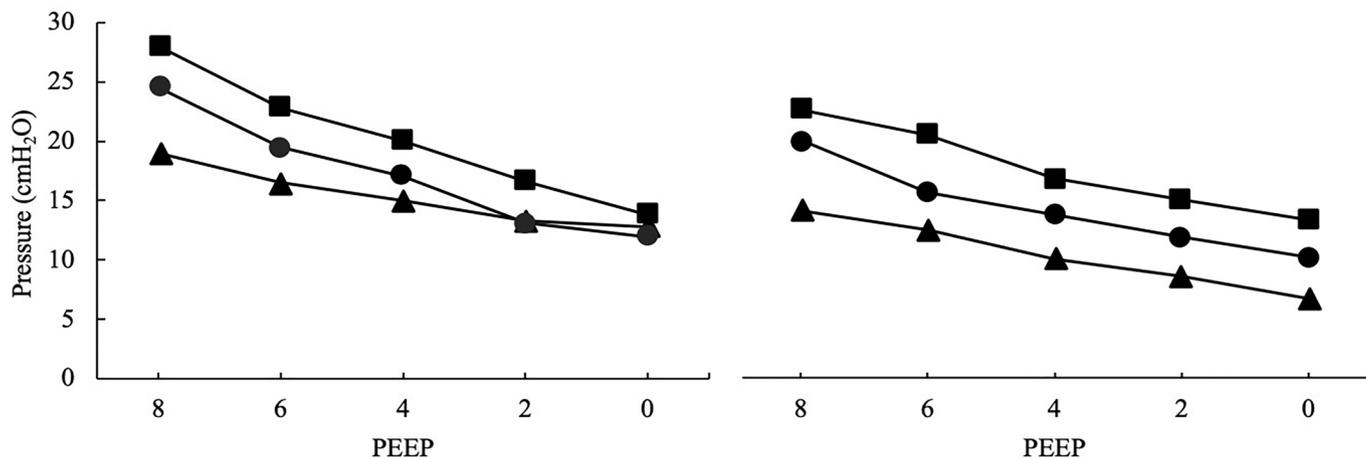


Figure 3S - End inspiratory transpulmonary pressure measured with the classic method (triangles), elastance derived method (circles) and end inspiratory plateau airway pressure (squares) during positive end expiratory pressure titration in volume controlled - continuous mandatory ventilation in supine (left panel) and prone positioning (right panel).

PEEP - positive end expiratory pressure.

REFERENCES

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