

CONCLUSION

From this current study we can conclude that;

- 1- Routine simvastatin use not accompanied by significant reduction in morbidity in patients with VAP.
- 2- Simvastatin use did not improve 28 day mortality, or decrease ICU stay days.

SUMMARY

VAP is a big problem nowadays due to increased morbidity and mortality up to 75% and huge economic burden.

For patient suspected with VAP in a mechanically ventilated patient, we search for; new onset fever, tachypnea, decreased tidal volume, colored secretions from ETT, radiological finding as new patch or infiltration, increase WBCs.

The early diagnosis and appropriate treatment of VAP is crucial as it can reduce mortality and morbidity

This study was conducted on 60 patients. 30 patients as cases group and 30 patients as control group, those patients were suspected to have VAP. Those patients divided into 2 groups: 1 group I (cases group) will take 60 mg enteral simvastatin and the other group (control group) will take placebo.

Both groups must fulfill a strict criteria to apply this study: 1st episode of VAP. Pt age >18 years, CPIS score ≥ 5 , non pregnant female, not chronic hepatic patient or renal patient, not on chemotherapeutic agent. not have allergy from simvastatin, or intolerance to it.

This study aimed to clarify if simvastatin use associated with mortality reduction or not.

Various parameters would be followed in such study as clinical data as hemodynamics, respiration, organ system function. Laboratory parameters as CBC, SGOT, SGPT, bilirubin total and direct. Urea and creatinine, CRP, scores as SOFA, CPIS. Radiological data as daily x-ray. Frequent ABGs to evaluate metabolic status and oxygenation state.

In addition to this: there are important data should be taken as; ICU stay days, MV days, morbidity as ARDS, and mortality.

In addition to previously mentioned criteria sputum culture withdrawn when suspected VAP. And as needed according to patients clinical condition.

And as a result of this study it was concluded that routine use of simvastatin have no significant effect on mortality rate and morbidity and ICU stay length and mechanical ventilator days. not only no significant effect of simvastatin on decreasing mortality and morbidity of VAP but also increasing liver enzymes and subsequent liver injury that needs liver support to overcome this harmful effect.

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المخلص العربي

إن الالتهاب الرئوي المصاحب لاستعمال جهاز التنفس الصناعي يمثل مشكلة كبيرة هذه الأيام بسبب زيادة معدلات المرض والوفيات حيث تصل نسبة الوفاة الي خمسة وسبعين بالمائة من اجمالي الاصابات وعلاوة علي ذلك تحمل زيادة العبء الاقتصادي الضخم للمرض وتكاليف العلاج.

عند الاشتباه في مرض الالتهاب الرئوي المصاحب لاستعمال جهاز التنفس الصناعي نبحت عن: بداية حمى جديدة، زيادة سرعة التنفس، اضطراب حالة المريض علي جهاز التنفس الصناعي والإفرازات المتغيرة من أنبوب القصبة الهوائية، متابعة وجود تغيير يطرأ علي رثتي المريض بالأشعة السينية، وزيادة عدد كرات الدم البيضاء.

وحيث ان التشخيص والعلاج المبكر لذلك النوع من الإلتهاب الرئوي له دور حيوي في تقليل معدلات الوفاة الناتجة عن الإلتهاب الرئوي المصاحب لإستعمال جهاز التنفس الصناعي .

وقد أجريت هذه الدراسة على ٦٠ مريضا منهم ٣٠ مريضا كحالات و ٣٠ مريضا كمجموعة مقارنة، وكان الهدف من تلك الدراسة هو ايجاد علاقة بين عقار سيمفاستاتين وتقليل معدلات الوفيات الناتجة عن ذلك النوع من الإلتهاب الرئوي؛ وهؤلاء المرضى المشتبه في اصابتهم بالالتهاب الرئوي المصاحب لاستعمال جهاز التنفس الصناعي ينقسمون إلى مجموعتين: فالمجموعة الأولى تأخذ ٦٠ ملجم من عقار سيمفاستاتين والمجموعة الثانية تأخذ بلاسيبو.

لابد من انطباق نفس معايير الاختبار والتساوي في التاريخ المرضي علي المجموعتين لتطبيق هذه الدراسة بالإضافة الي الشروط التي لابد من توفرها بالمجموعتين لانجاح الدراسة منها ان تكون تلك هي اول اصابة بالالتهاب الرئوي المصاحب لاستعمال جهاز التنفس الصناعي. وإن عمر المريض يكون < ١٨ عاما، وان يكون علي مقياس اكبر من او يساوي ٥ من تدريج العدوى السريرية الرئوية، والإناث غير الحوامل، وان لا يعاني المريض من الفشل الكيدي المزمن أو الفشل الكلوي المزمن، وليس على جدول العلاج الكيميائي لأي أورام سرطانية او يتناول السيمفاستاتين لأي مرض آخر.

سيتم إتباع معايير مختلفة في هذه الدراسة عن البيانات السريرية من أجل تقييمها كالتنفس، والمعدلات الحيوية. بالإضافة إلي التحاليل اليومية كصورة الدم الكاملة وظائف الكبد والكلبي مستوي الصفراء بالدم وقياس معدلات الإلتهاب بالدم واحتساب المقاييس الطبية المطلوبة وعمل تحاليل غازات بالدم من أجل متابعة نسبة تركيز الأوكسجين بالدم، وبيانات الأشعة السينية اليومية لتقييم وضع الرئتين ومتابعة ظهور أثار الإلتهاب الرئوي.

وايضا لقد قمنا بعمل مزارع بصاق متعددة وذلك علي حسب الوضع الطبي للمريض .

وبالإضافة إلى ذلك فقد قمنا بإتخاذ بيانات هامة من بيانات وحدة العناية المركزة كبيانات الوفيات ومتابعة مدة إقامة المريض بوحدة العناية المركزة ومدى استجابة الحالات للعلاج من عدم الإستجابة أو حدوث تدهور في الوضع العام للحالة. كاضطراب حاد في وظائف الرئتين أو وجود اضطرابات بنبضات القلب .

ويستخلص من تلك الدراسة عدم وجود فائدة قيمة لعقار السيمفاستاتين في تقليل حالات الوفيات بسبب الإلتهاب الرئوي المصاحب لاستعمال جهاز التنفس الصناعي او في تحسين الحالة العامة لهؤلاء المرضى بالإضافة لإرتفاع بوظائف وإنزيمات الكبد مما قد يؤدي إلي إتلافه وهذا يحتاج إلي الادوية المنشطة للكبد للتغلب علي هذا العرض الجانبي.

وبذلك يوصي بعدم استخدامه في مثل هذه الحالات



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مقارنة بين إستخدام عقار السيمفاستاتين المعوي والبلاسيبو في المرضى المعرضين للإصابة بالالتهاب الرئوي المصاحب لاستعمال جهاز التنفس الصناعي

رسالة مقدمة

لقسم الطب الحرج - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

الطب الحرج

من

كريم سعيد حمودة حسين
بكالوريوس الطب والجراحة، ٢٠٠٧،
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



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المعرضين للإصابة بالالتهاب الرئوي المصاحب لاستعمال جهاز التنفس
الصناعي

رسالة مقدمة من

كريم سعيد حمودة حسين

للحصول على درجة

الماجستير

في

الطب الحرج

التوقيع

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لجنة المناقشة والحكم على الرسالة

أ.د/ مصطفى محمود شاهين

أستاذ ورئيس قسم الأمراض الصدرية

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