



# Proč potřebuje aspirace jako první krok bronchoskopii?

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U nemocnice 2, Praha 2





## Proč potřebuje aspirace jako první krok bronchoskopii?

- Protože „**to dá rozum**“
- Aspirační pneumonitis / bronchopneumonie
- COMPLETE CARE
- Pomůže nám literatura?
- Jak na to? .... aneb praktické provedení
- [www.bronchokurz.cz](http://www.bronchokurz.cz)



# Aspirace

- Záleží na množství
- **FOB toaleta = snížení nálože bakteriální infekce / redukce proinflamatorní nálože**
- Znovuzprůchodnění DC
- Aspiration pneumonitis (chemical pneumonitis) / aspiration pneumonia
  - *most common FOB finding was airway hyperemic lesions encountered in 68% of the subjects commonly on the surface of trachea and carina and more common on the surface of right bronchus than left.*
  - *second most common finding was purulent secretions in 52.6% of the cases*
  - *blood clots were found in 23.7% of the cases*
  - *partial or complete bronchial obstruction was noted in 15.8% of the cases*
- Community acquired/ hospital
- Anaerobny ústup / 56.6% bakr. nález - PSAE, KLPM, ACBA, MRSA

The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

## Aspiration Pneumonia

Lionel A. Mandell, M.D., and Michael S. Niederman, M.D.



# Aspirace

## Aspiration-Induced lung injury

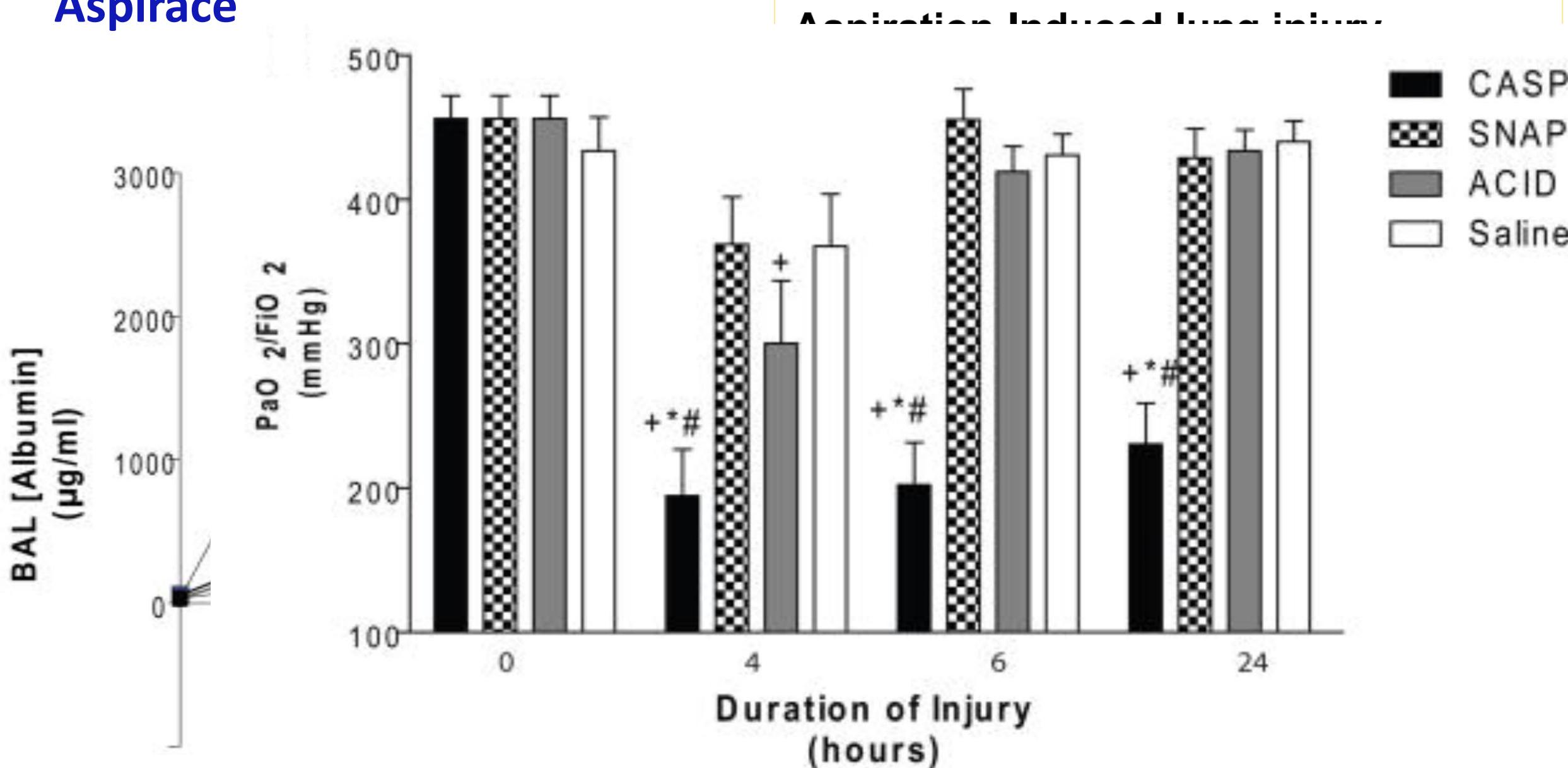
Krishnan Raghavendran, MD<sup>1</sup>, Jean Nemzek, DVM, MS<sup>2</sup>

*Crit Care Med.* 2011 April ; 39(4): 818–826.

*Crit Care Med.*

- volume of gastric aspirate **>0.3 ml kg<sup>-1</sup> of body weight (i.e. 20–25 ml in adults)** and a pH **<2.5** was traditionally thought to be necessary for the development of aspiration pneumonitis.
- aspiration **of particulate food even if the pH >2.5 can cause significant pulmonary damage**
- Animal studies have shown a **biphasic pattern of injury**:
- **initial peak at 1–2 h** after aspiration (direct burn effects) and a **second peak at 4–6 h** (related to neutrophil infiltration)
- Acid aspiration (ACID)
- Small non-acidified gastric particles (SNAP)
- Combined acid/gastric food particle (CASP) aspiration lung injury

# Aspirace



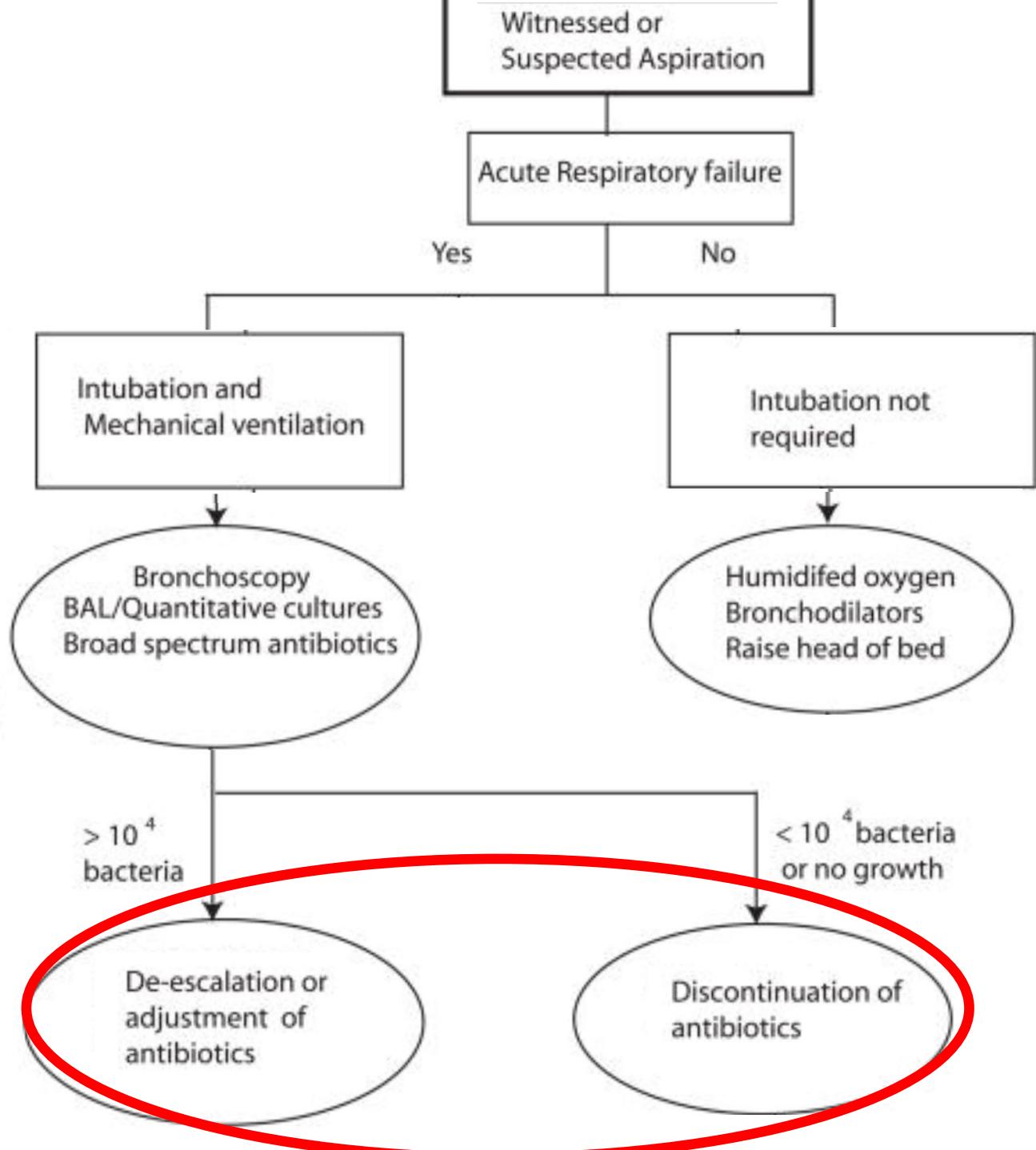


JOURNAL ARTICLE

# Bronchoscopy in critical care

BJA  
Education

S Kabadai, MBChB FRCA, M C Bellamy, MBBS MA FRCA FRCP  
BJA Education, Volume 17, Issue 2, February 2017, Pages 48–56



Inspection Sampling Therapeutic

X	X	X
X	X	X
X	X	X
X		X
X		X
X		X
X		X
X		X
X		X
X		X

rtion, BB insertion)  
uma, tracheostomy  
esophageal fistula)

# COMPLETE care ... co musíme udělat?

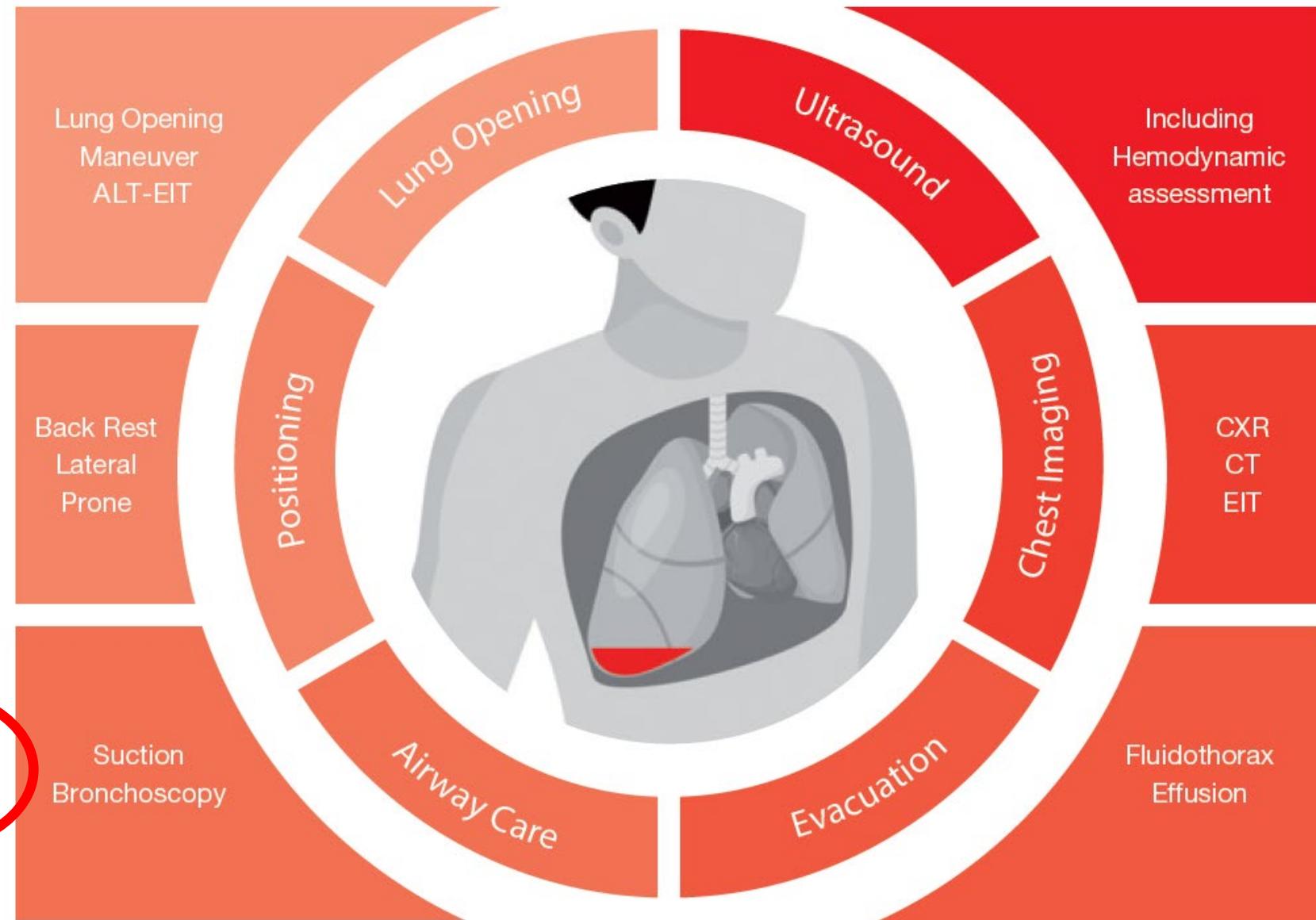
RM

POZICE

FOB

HEMO

FLUIDO





# Early bronchoscopy

Clinical impact of early bronchoscopy in mechanically ventilated patients with aspiration pneumonia

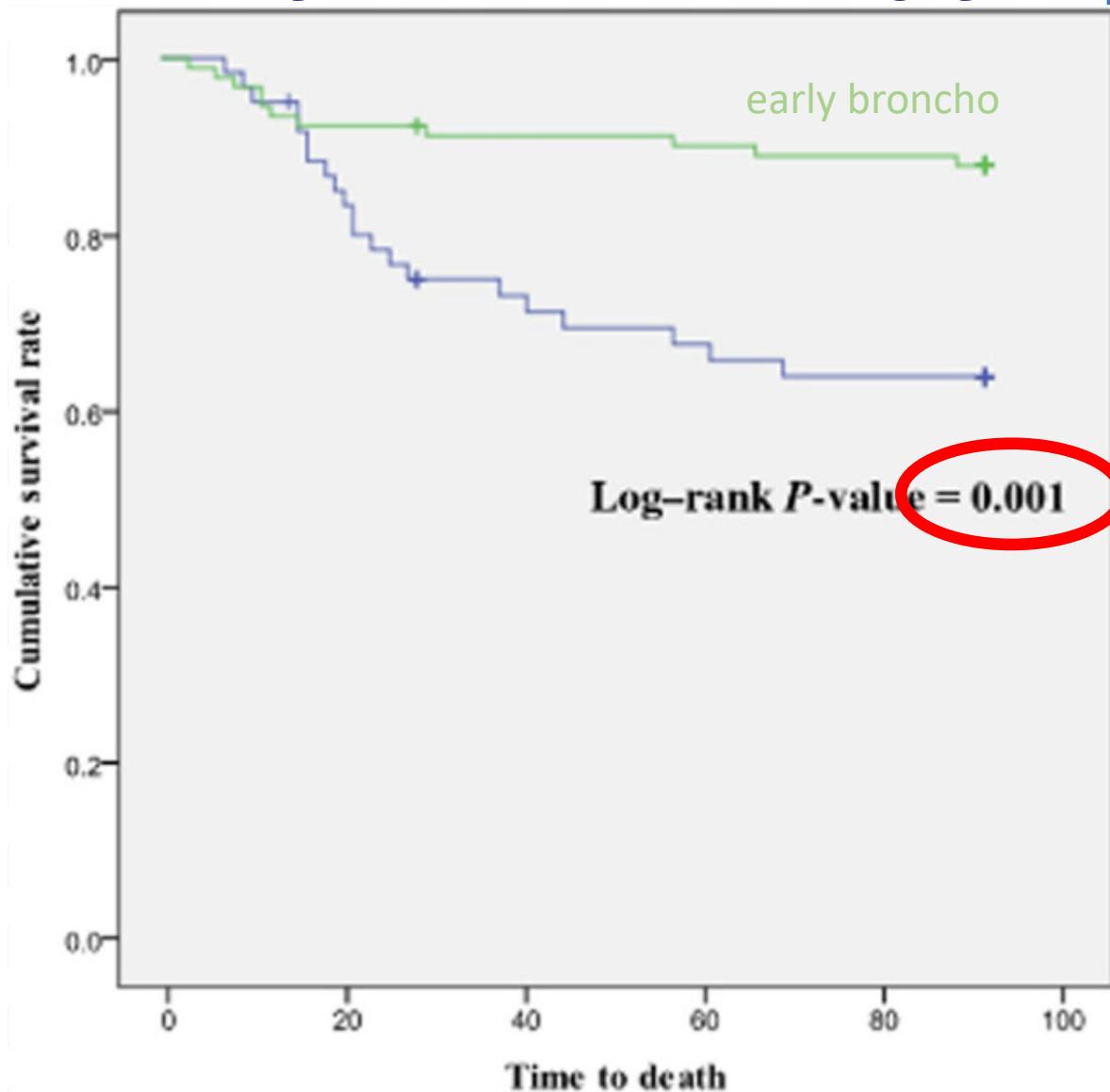
Hyun Woo Lee, Jinsoo Min, Jisoo Park, Yeon Joo Lee, Se Joong Kim, Jong Sun Park, Ho Il Yoon, Jae-Ho Lee, Choon-Taek Lee, Young-Jae Cho

Official Journal of the Asian Pacific Society of Respirology  
**Respirology**

- retrospective cohort , from 2003 through 2013 in a tertiary hospital
- all the diagnoses of pneumonia were supported by the **probability of aspiration and consolidation** of dependent areas **confirmed by CT**
- patients who underwent bronchoscopy **within 24 h after intubation** were categorized as the **early bronchoscopy** group



# Early bronchoscopy



Clinical impact of early bronchoscopy in mechanically ventilated patients with aspiration pneumonia

Hyun Woo Lee, Jinsoo Min, Jisoo Park, Yeon Joo Lee, Se Joong Kim, Jong Sun Park, Ho Il Yoon, Jae-Ho Lee, Choon-Taek Lee, Young-Jae Cho

Official Journal of the Asian Pacific Society of Respirology  
**Respirology**

93) showed  
**ICU mortality 4.9% vs 24.6%**  
**and 90-day mortality 11.8 vs 32.8%**  
regardless of the initial empirical antibiotics  
were extubated earlier with a higher  
of mechanical ventilation and had a

# Early bronchoscopy

ORIGINAL ARTICLE

## Use of Early Bronchoscopy in Mechanically Ventilated Patients with Aspiration Pneumonitis

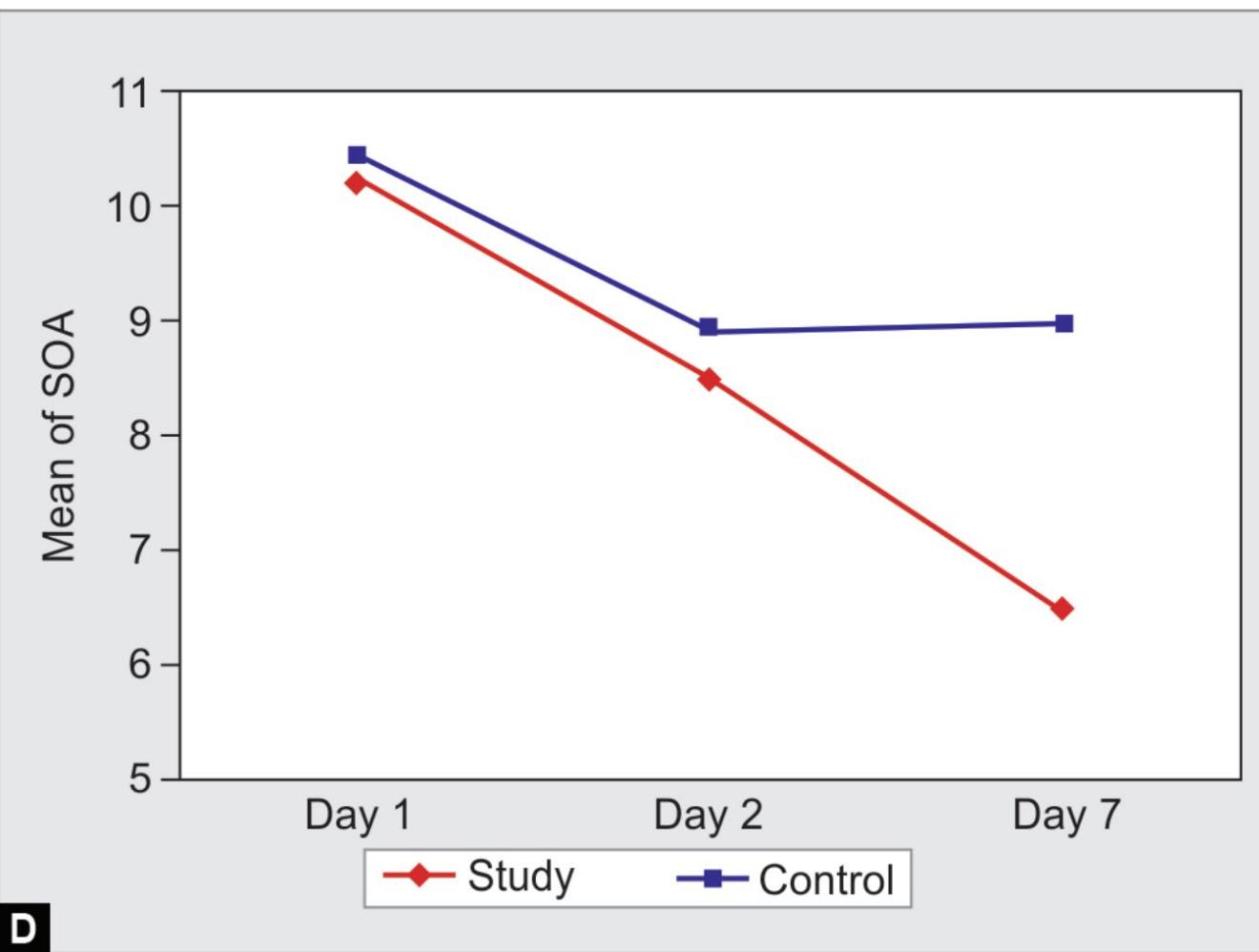
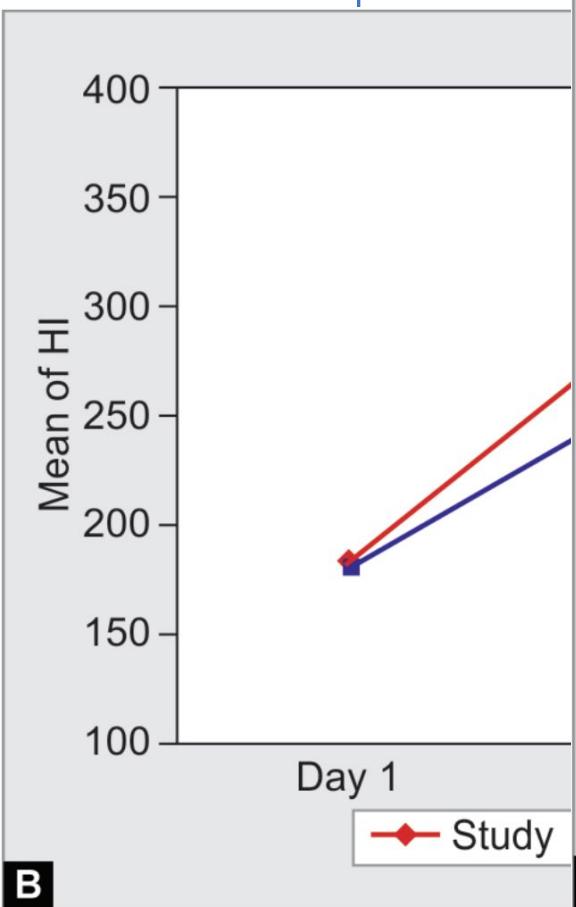
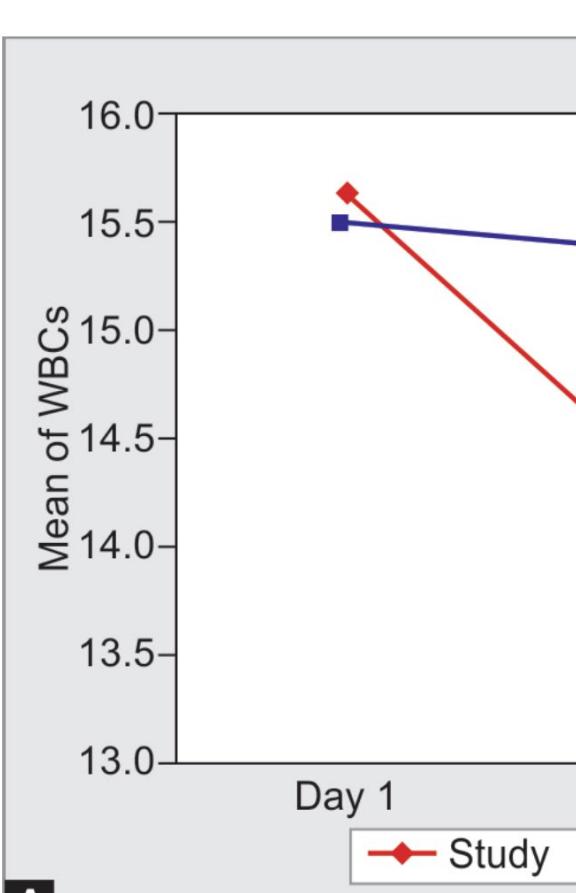
Mohammed M Megahed<sup>1</sup> , Ahmed M El-Menshawy<sup>2</sup> , Ahmed M Ibrahim<sup>3</sup> 

- (98) .. 76 adult subjects MV due to aspiration pneumonitis, half the subjects received **early bronchoscopy in the first 24 hours**
- intervention group had a **significant reduction in the rate of development of pneumonia at 60.5 vs 81.6%  $p = 0.043$**
- the intervention group has a **significantly better hypoxic index (HI), white blood count, clinical pulmonary infection score, lung injury score, and sepsis-related organ failure assessment (SOFA)** score compared to the control group

# Early bronchoscopy

ORIGINAL ARTICLE

## Use of Early Bronchoscopy in Mechanically Ventilated Patient





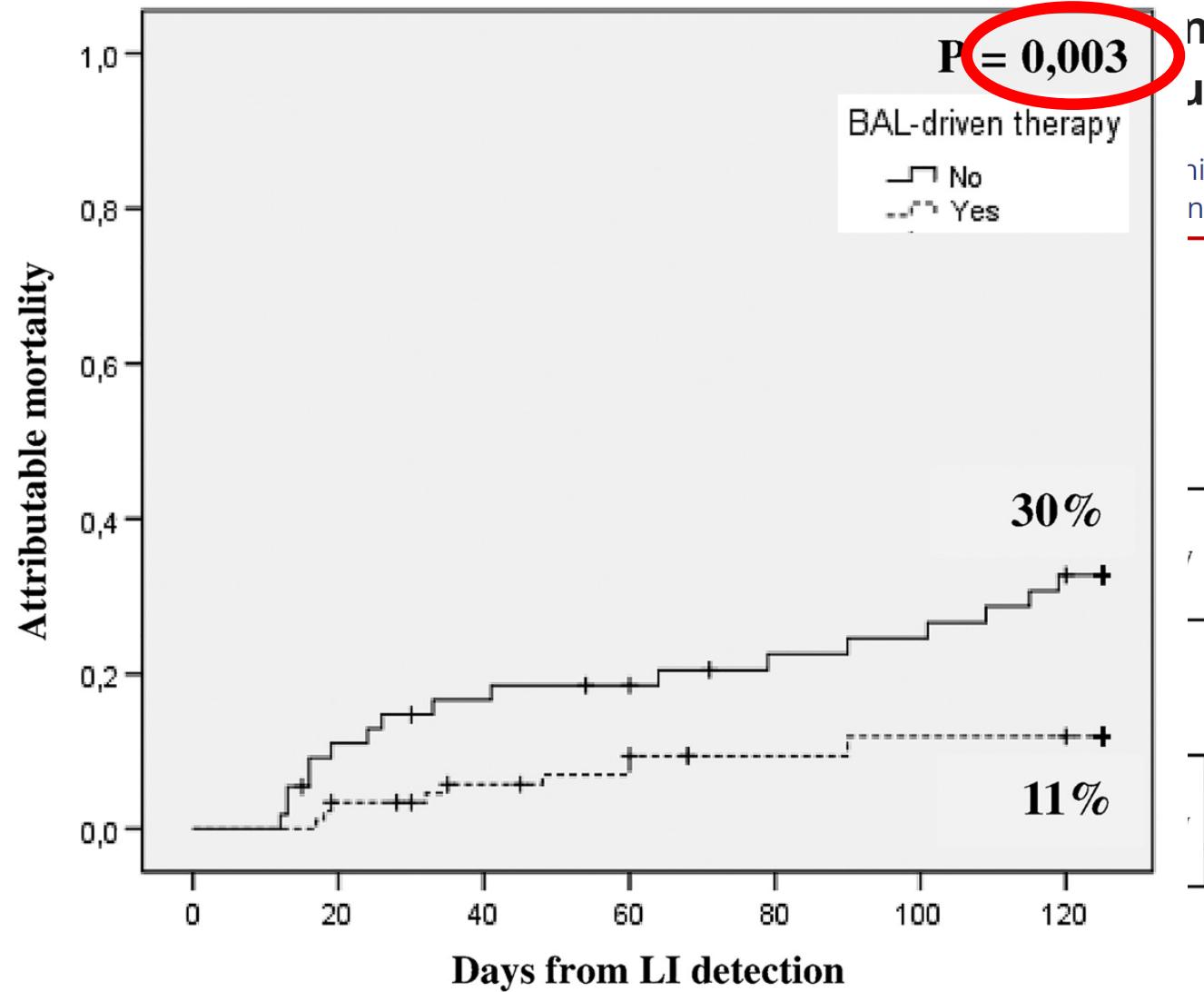
## Early bronchoscopy

Outcome	Intervention (n = 38)		Control (n = 38)		Test of sig.	p-value
	No.	%	No.	%		
<b>Development of pneumonia</b>						
No	15	39.5	7	18.4	$\chi^2 = 4.094^*$	0.043^*
Yes	23	60.5	31	81.6		
<b>Days of MV</b>						
Min.–Max.		1.0–23.0		1.0 – 25.0	$U = 543.50$	0.063
Mean $\pm$ SD		7.39 $\pm$ 5.67		10.13 $\pm$ 6.92		
Median		5.0		8.0		
<b>Outcome</b>						
Discharge	28	73.7	20	52.6	$\chi^2 = 3.619$	0.057
Death	10	26.3	18	47.4		

Early Bronchoscopy in Mechanically Ventilated Patients With Acute Pneumonitis

Megahed<sup>2</sup> , Ahmed M Ibrahim<sup>3</sup>

# BAL driven ATB



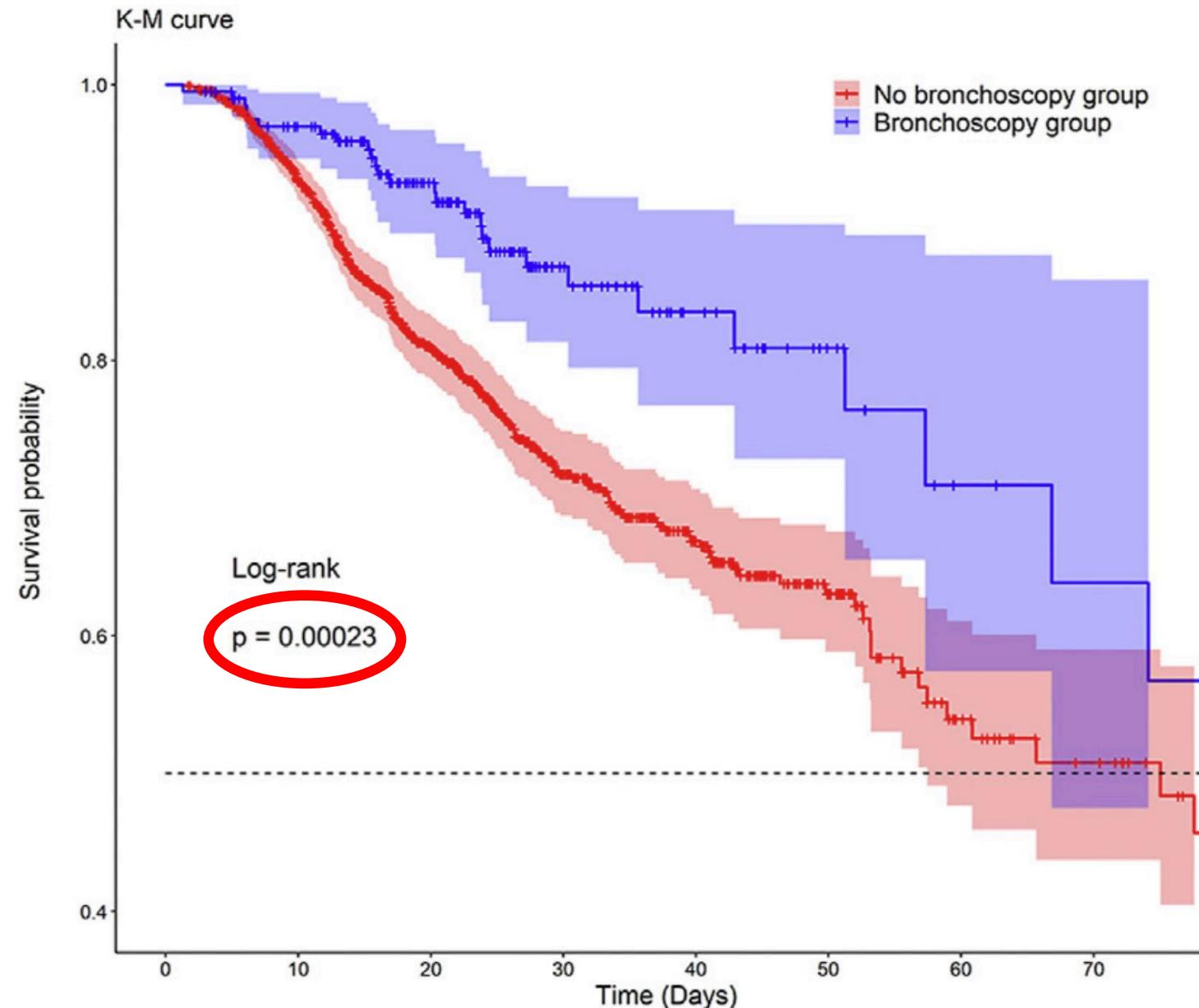
A bronchoalveolar lavage-driven antimicrobial treatment improves survival in hematologic malignancy patients with infiltrates: A prospective multicenter study of dr

American Journal of Hematology

Maria Cattaneo, Marianna Criscuolo, Mario Delia, Michelina Dargenio, nza Epidemiologica Infezioni nelle Emopatie (SEIFEM) Group

- BAL for LI among 3055 HM patients
- BAL was performed in 145 out of 434 patients who developed LI
- A putative causal agent was detected in 111 cases (76%),
- 89 cases (61%) the BAL results provided guidance to antimicrobial treatment
- 120-day attributable **mortality** (120d-AM) (**11% vs 30%; P = 0.003**)

# VAP x bronchoscopy



## The Association Between Bronchoscopy and the Prognoses of Patients With Ventilator-Associated Pneumonia in Intensive Care Units: A Retrospective Study Based on the MIMIC-IV Database

Frontiers in Pharmacology

Luming Zhang<sup>1,2†</sup>, Shaojin Li<sup>3,†</sup>, Shiqi Yuan<sup>4,†</sup>, Xuehao Lu<sup>1,2</sup>, Jieyao Li<sup>1</sup>, Yu Liu<sup>1</sup>, Tao Huang<sup>2</sup>

- MIMIC-IV appox. 250,000 patients hospitalized from 2008 to 2019 / MIT
- 1,560 patients with VAP:  
**1,355 in the no-bronchoscopy group and 205 in the bronchoscopy group**
- When patients are undergoing IMV, bronchoscopy can not only help suck out the obstructions such as sputum and foreign bodies in the trachea, remove secretions, but also **repeatedly suction and wash the lungs, which is of great significance for reducing inflammation and improving lung ventilation**



## Aspirace cizího tělesa

- recidivující krvácení
- absces



## Single-use bronchoskopy

Výhody:

- vždy připraven
- sterilní – **nemožnost přenosu infekce**
- jednoduché použití
- nevyžaduje proškolený personál

Nevýhody:

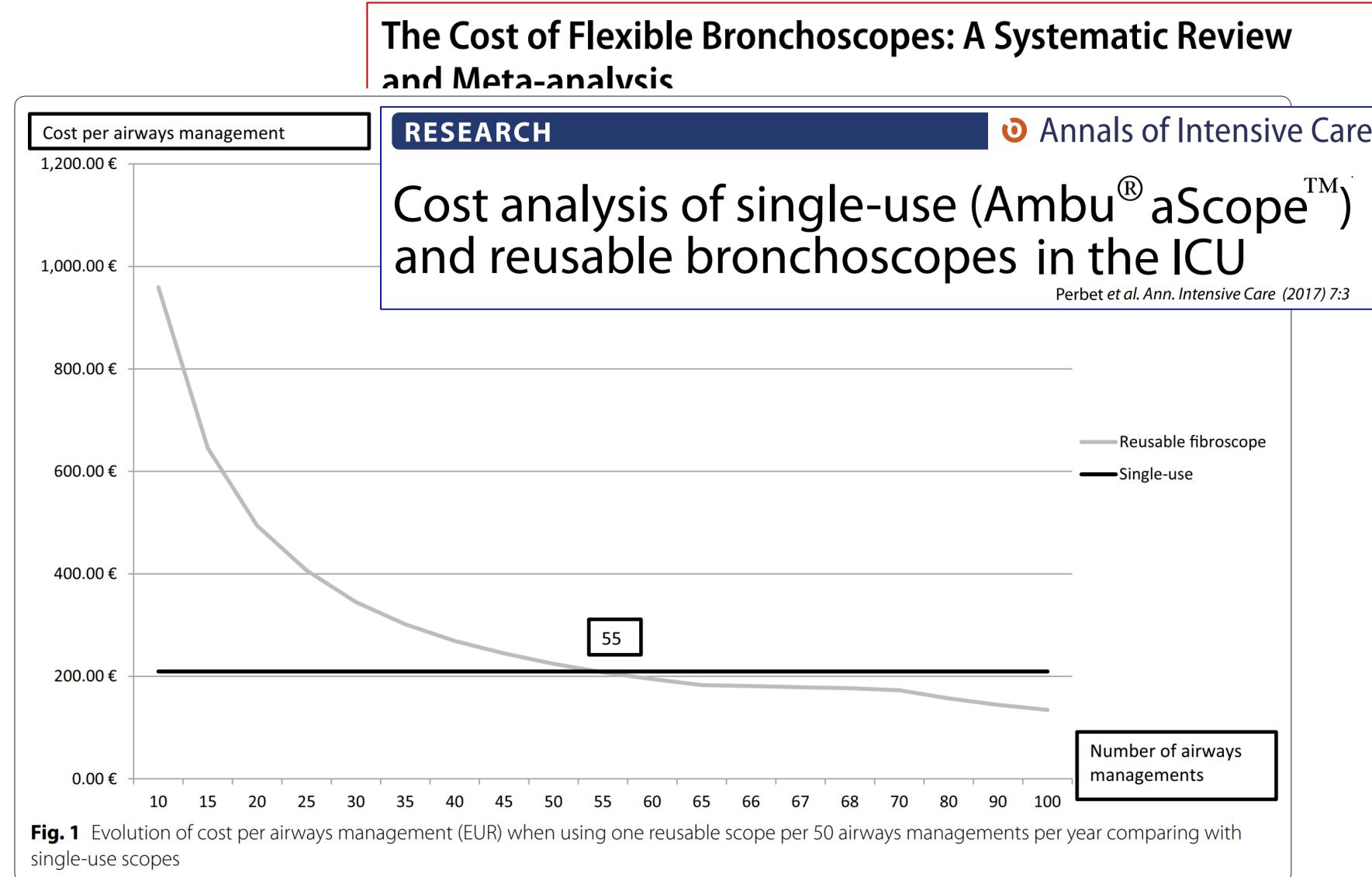
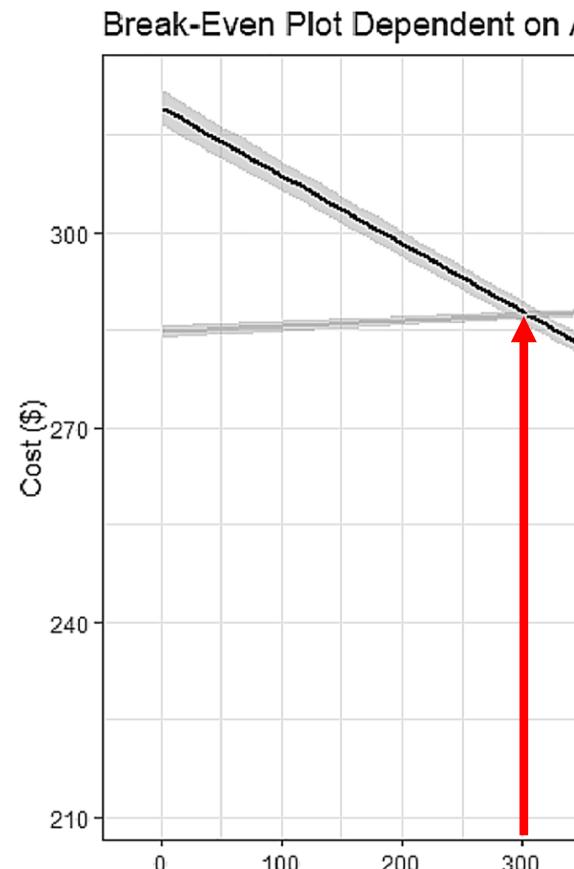
- horší manipulace? .... NE
- horší zobrazení? ..... NE
- Cena???

Výrobce:

- AMBU
- Boston Scientific
- TSC
- Vathin
- Verathon
- Karl Storz
- Olympus
- Pentax



# Single-use bronchoscopy

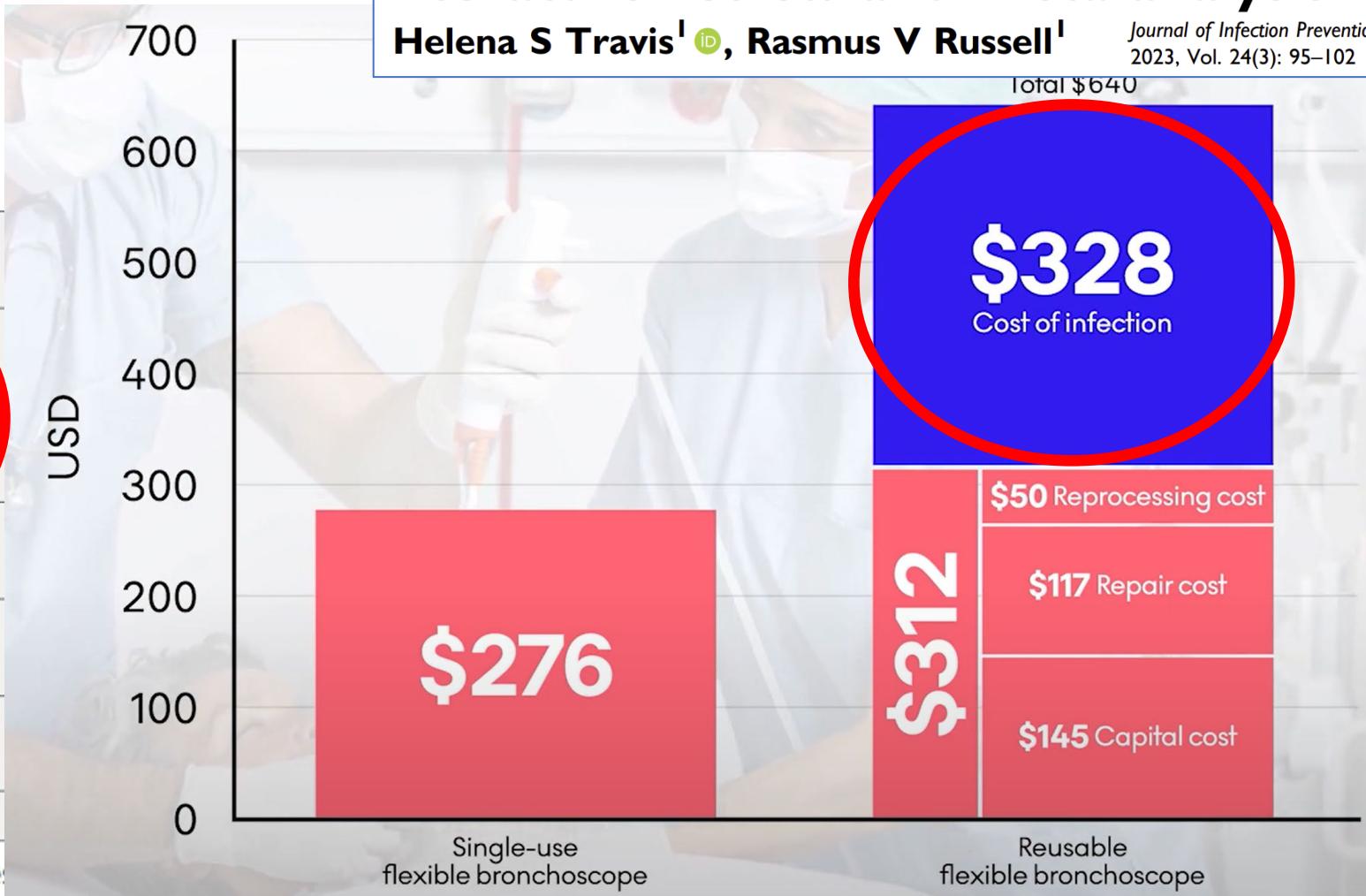
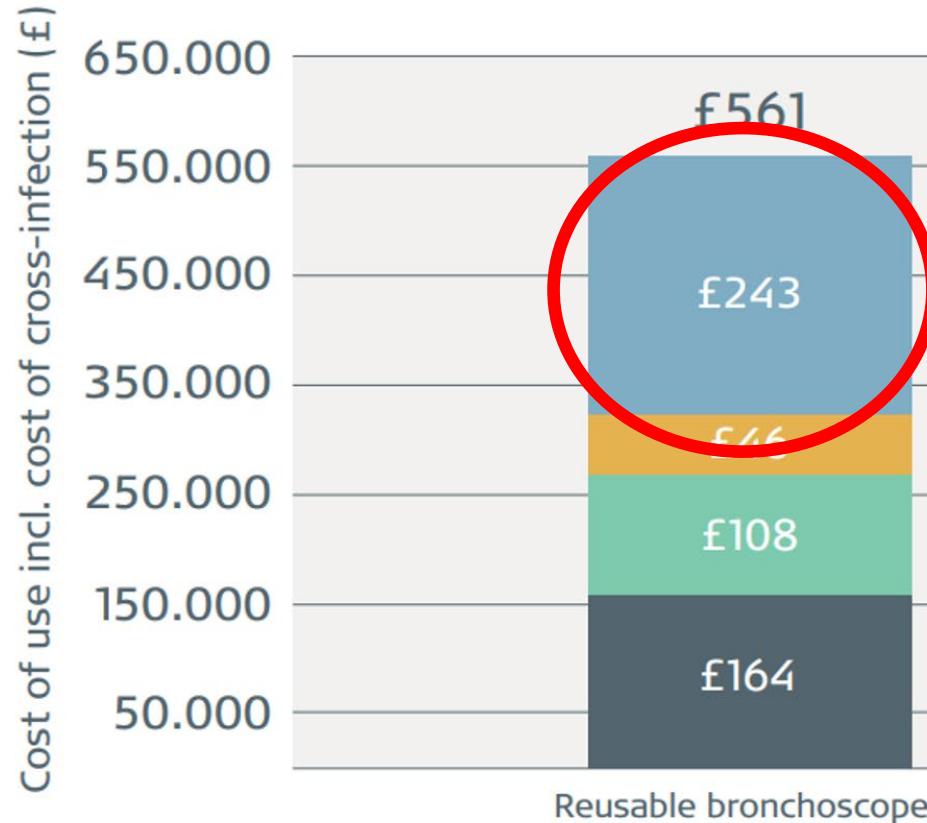




# Single-use bronchoscopy

total RFB **cross-contamination rate**

**was 8.69%  $\pm$  1.86**





# Single-use bronchoskopy

- Výrobce:
- AMBU

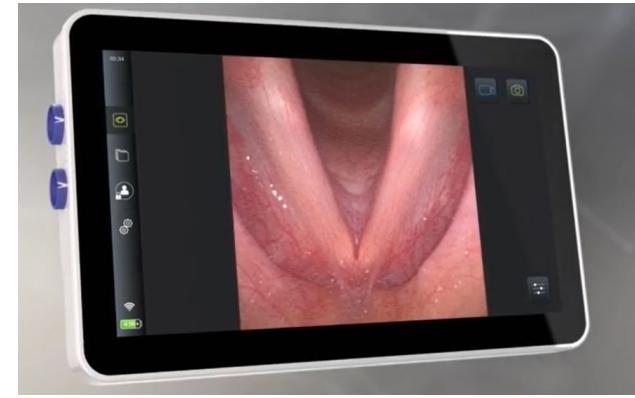


- Ambu® aScope™ 5 Broncho HD 5.6/2.8
- Ambu® aScope™ 5 Broncho HD 5.0/2.2

aScope 4 Broncho  
Slim 3.8/1.2  
 $180^\circ/180^\circ$

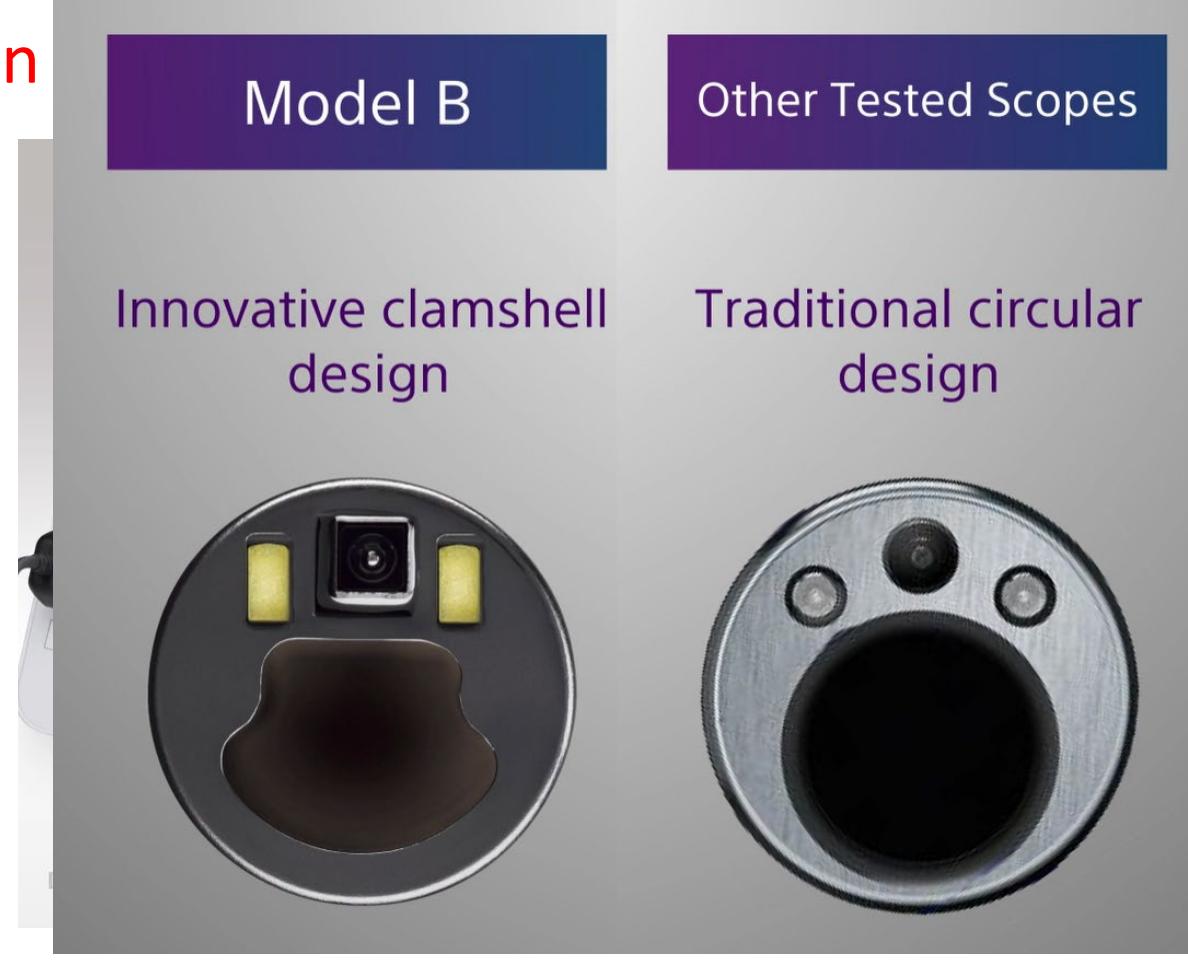
aScope 4 Broncho  
Regular 5.0/2.2  
 $180^\circ/180^\circ$

aScope 4 Broncho  
Large 5.8/2.8  
 $180^\circ/160^\circ$



# Single-use bronchoskopy

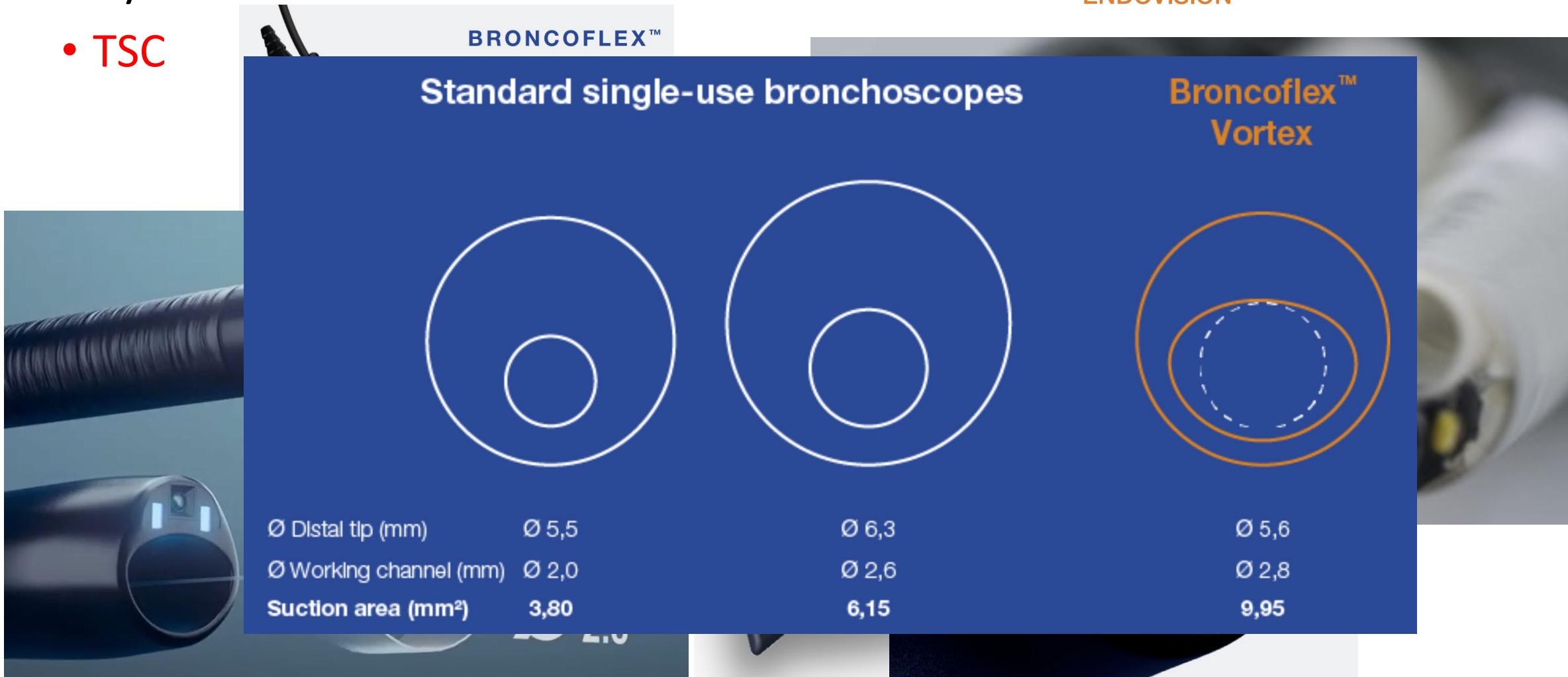
- Výrobce:
- Boston





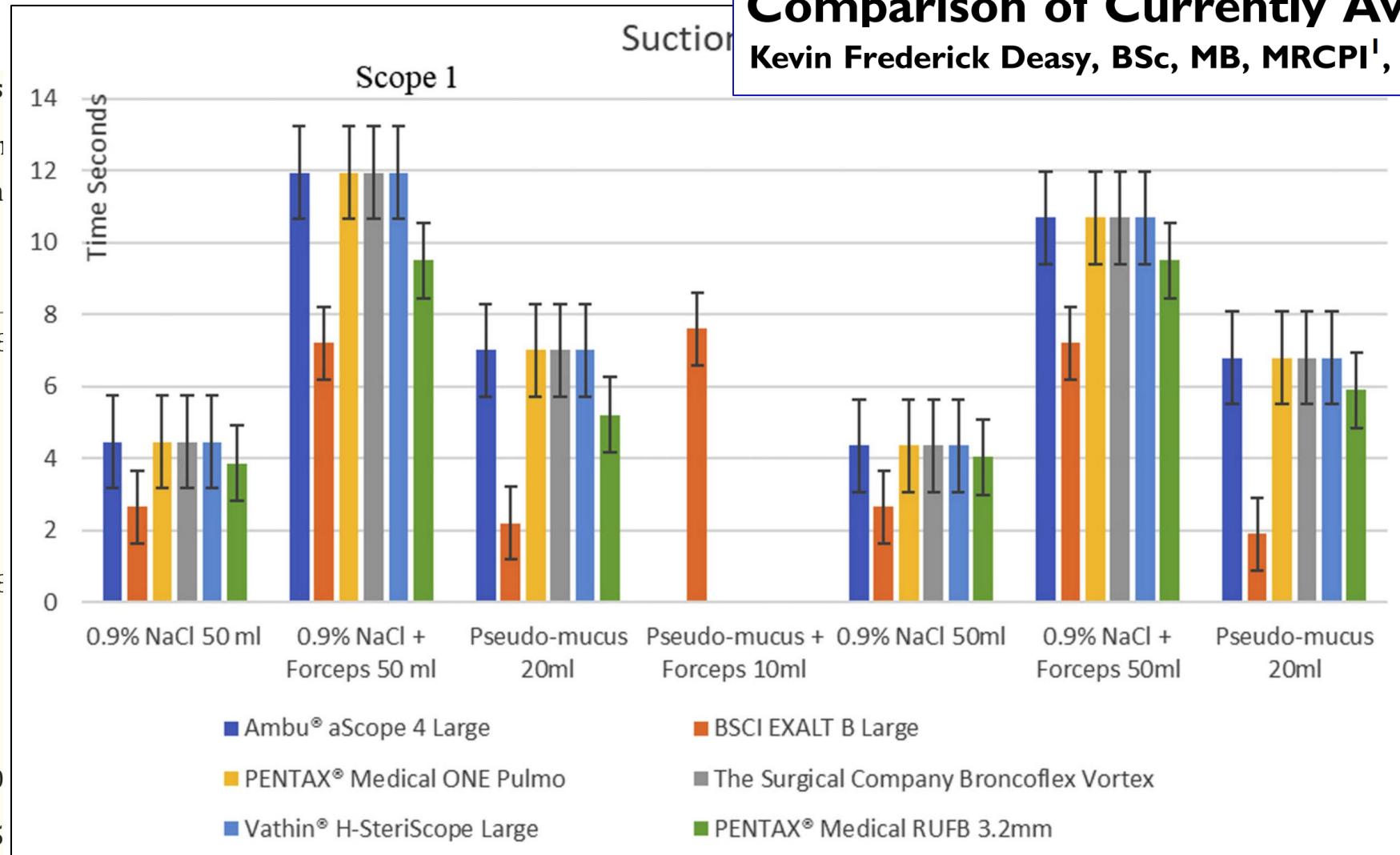
# Single-use bronchoskopy

- Výrobce:
- TSC



# Single-use bronchoscopy

SUFB Specifications	An
Scope	La
Outer dimension (OD) (average (maximum)) (mm)	5.8
Inner dimension (ID) (average (minimum)) (mm)	2.8
Length	60
Weight (g)	95



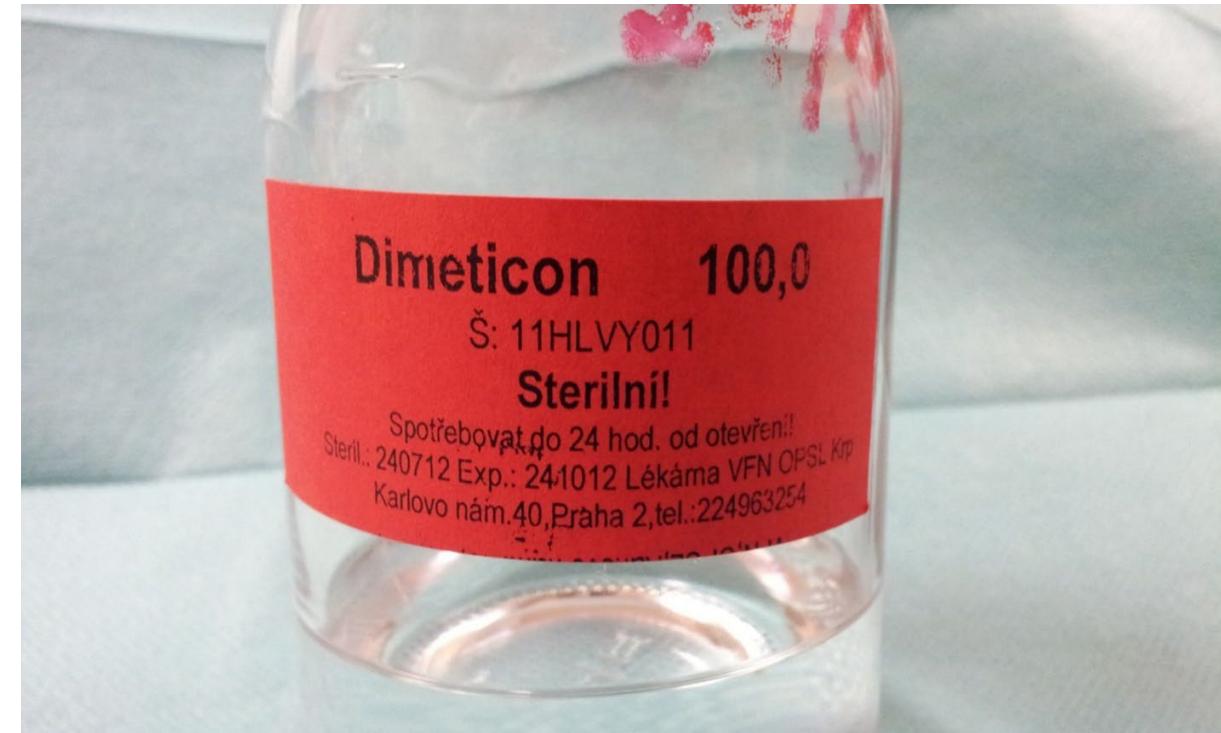
## Single Use or Disposable Flexible Bronchoscopes: Bench Top and Preclinical Comparison of Currently Available Devices

Kevin Frederick Deasy, BSc, MB, MRCPI<sup>1</sup>,

Journal of Intensive Care Medicine  
2023, Vol. 38(6) 519-528

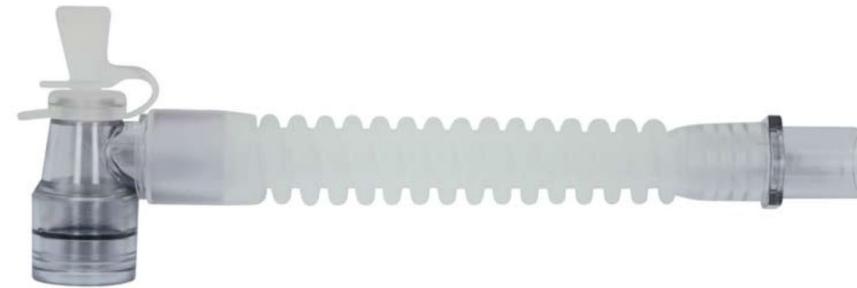
# Jak na to? .... aneb praktické provedení

## Kdo maže ten jede!



VŠEOBECNÁ FAKULTNÍ  
NEMOCNICE V PRAZE

 KARIM  
1.FF UK A VFN V PRAZE



„Husí krk“ Obj.č. 65-65-130 č.šarže 1050477

Sterilizace v autoklávu

Výrobce: VBM MEDIZINTECHNIK GMBH –  
dodavatel firma Cheiron

Cena: 273kč, opaková resterilizace (10-15x)

- polydimethylsiloxan, patří mezi silikonové oleje, liší se stupněm polymerace a tím i viskozitou.
- dostupný **Dimetikon 350 /f.Dr.Kulich/, Dimetikon 200 /f.Fagron/ 10g/ 246Kč**  
**při odběru 20ks / 10g / 66,40Kč**
- nejsou sterilní, požadavek sterility se musí z vaší strany zdůraznit

# Provedení za kontinuální UPV



VŠEOBECNÁ FAKULTNÍ  
NEMOCNICE V PRAZE

KARIM  
1.LF UK A VFN V PRAZE





## Proč potřebuje aspirace jako první krok bronchoskopii?

- **FOB toaleta = snížení nálože bakteriální infekce**  
/ redukce proinflamatorní nálože
- COMPLETE CARE = znovuzprůchodnění DC
- Odběr materiálu .... cílená ATB ... deeskalace
- VAP/ ARDS .... 3.5 – 6 billion dollars and \$4,150 per patient/day in the U.S.
- **SNÍŽENÍ MORTALITY**



**[www.bronchokurz.cz](http://www.bronchokurz.cz)**