海外招請講演

[IL(E)15]海外招請講演15

座長:川前 金幸(国立大学法人山形大学医学部附属病院麻酔科)

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[IL(E)15]Severe viral pneumonia: Significant?

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【 同時通訳付き】

Dr. Koh is a physician scientist working as a Professor of Department of Pulmonary and Critical Care Medicine, a Professor of Department of Medical Humanities &Social Sciences, and a critical care physician at Asan Medical Center, the University of Ulsan College of Medicine in Korea. His research interests include ARDS, mechanical ventilation, sepsis, and medical ethics. He has published more than 360 articles in peer review journals.
He had served medical academy societies as a President of Korean Society of Critical Care Medicine, and as a President of the Korean Society for Medical Ethics. He also had served as an organizing chairman of the 12th World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) Congress in 2015, as a council of the WFSICCM for 8 years, and as a chairman of the Asian Collaboration of Critical Care Trial Group. He has been contributing to enhance mechanical ventilation cares in Asia as ex-chairman of Asian Ventilation Forum.

The pandemics of SARS, Avian influenza, new H1N1 influenza, and Middle East Respiratory Syndrome (MERS) awakened medical societies to the viral threat on respiratory failure. However, respiratory viruses, even a seasonal influenza virus, still have not been considering as a major cause of respiratory failure in adults. Clinician’ s under-recognition on viral causes is especially true in healthcare-associated pneumonia (HCAP). Moreover, neglect on viral causes lead to unnecessary antibiotic uses together with unnecessary multiple laboratory tests in viral pneumonia.
Several recent reports on adult viral infection showed that viruses accounted for approximately 13.5 to 56.2% of the cases of community acquired pneumonia (CAP). Rhinovirus, parainfluenza virus, influenza virus, respiratory syncytial virus and human metapneumovirus are major causes of viral pneumonia. Herpes simplex virus bronchopneumonia was not rare in nonimmuno-compromised patients with prolonged mechanical ventilation. Bacterial co-infections in viral pneumonias also are not rare. Virus infections seem to impair host immunity leading to secondary bacterial infections.
Clinical suspicion on a viral cause in a patient with lung infiltrates is the mainstay for the early detection. Clinical manifestations, chest radiography findings, and RT-PCR findings using nasopharyngeal or low respiratory specimen are considered together when a diagnosis is made. Early detection is crucial for better outcome of influenza pneumonia, because the limited antiviral agents are effective in early stage of the illness. Steroid administration seems to be harmful in influenza pneumonia. Low tidal volume of mechanical ventilation showed better outcome in new H1N1 influenza pneumonia than large tidal volume of mechanical ventilation. The mortalities of patients with respiratory failure caused by bacterial, viral, and bacterial-viral co-infections do not seem to be different. In conclusion, the clinical impact of respiratory viruses on respiratory failure is significant. Considering enormous burden on public health resources of viral pneumonia, further efforts should be devoted to establish the proper diagnosis measures and antiviral drugs development.