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# Due to COVID-19 Infection Impact on Secondary Respiratory Distress Syndrome

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## Editorial

SARS-CoV-2 infection and its clinical manifestation as Coronavirus Disease 2019 that is COVID-19 present an unmatched worldwide public health problem. The disease presents an exclusive pathophysiology and clinical sequence currently existing therapeutic approaches. COVID-19 patients progressing or presenting into frank Acute Respiratory Distress Syndrome (ARDS) with typical decreased pulmonary compliance, represents another clinical enigma to many clinicians, since routine therapeutic interventions for ARDS are still a subject of debate. The disease presents an exclusive pathophysiology and clinical course that puzzles the efficiency of the current therapeutic approaches. This editorial presents an overview of the clinical experience gathered thus far from different centres around the world, and is not meant to establish a advice nor a normal of care for patients with COVID-19 pneumonia, given that the level of indication behind the clinical method to these patients is fast evolving. COVID-19 with similar pulmonic mechanics of "typical" ARDS, founded on reduced lung compliance, deceased space and reply to prone putting, required determining the description of CARDS as an "atypical" presentation of ARDS.

A distinct prothrombotic state as opposed to a consumptive coagulopathy has been labeled in COVID-19 patients, secondary to definitely augmented levels of fibrin and fibrinogen. This mechanism is synergistic with the cytokine tempest and the virus-induced endothelial dysfunction. COVID-19 lung ultrasound in patients with pneumonia has also been proprietary and its answers seem to narrate satisfactorily with the CT findings. Selective pulmonary vasodilation is supposed to recover ARDS secondary to redeployment of blood from unwell ventilated areas to those with higher ventilation, thus decreasing the shunt fraction and correcting hypoxemia. During COVID-19 patients is controversial while using the nitric oxide. Some authors supporter for its potential anti-viral activity subsequent the results of a study did during the SARS-CoV-2 outbreak in 2004. Presently there is no commendation for the use of pulmonary vasodilators in patients with ARDS due to COVID-19, other than a last rescue therapy for refractory hypoxemia. Refractory hypoxemia follows and other therapies fail, the use of extracorporeal manoeuvres becomes suitable. Despite that the use of ECMO has increased substantially in the past periods, its use still remains controversial. Two large multi-centres RCT have offered an inconsistent view regarding the use of ECMO in ARDS. Controversial results and in the middle of a worldwide pandemic produced by the COVID-19, with multiple patients predictable to develop plain ARDS, the Extracorporeal Life Support Organization produced an agreement guideline for the use of ECMO in these patients. ARDS secondary to COVID-19 infection postures clinical significant logistical and ethical dilemmas. Hypoxemia itself does not establish a sign for intubation if pulmonary mechanics are preserved. On the contrary, prolonged breathing efforts either spontaneous or aided with NIV, while mental status deteriorates and respiratory acidosis grows are detrimental. Efforts should be absorbed to classify those patients with important breathing distress who require intubation and mechanical ventilation as delay in these interventions may be subordinate to poor outcomes. Establishing a tailored institutional protocol for the clinical method in these patients while upholding provider safety is paramount.

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