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An Update on Acute Respiratory Distress Syndrome during Covid-19

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Editorial

Acute Respiratory Distress Syndrome (ARDS) is a diverse lung disease that causes substantial morbidity and mortality in critically sick patients, particularly those infected with coronavirus disease 2019. ARDS is dangerously undiagnosed, despite recent breakthroughs in aetiology, diagnostics, and treatments, and supportive lung protection breathing and prone position remains the mainstay treatments. Despite the lack of evidence, rescue interventions such as neuromuscular blockade and venovenous extracorporeal membrane oxygenation remain common in clinical practise. Despite several differences from regular ARDS, such as delayed onset, approach to detect response, and pulmonary microthrombi, coronavirus illness 2019 ARDS is clinically comparable to typical ARDS and should be treated with existing supportive therapies. Acute Respiratory Distress Syndrome (ARDS) is a common complication in critically ill patients, although it is underdiagnosed and undertreated.

Under-recognition may occur from an understanding of the intricate link between the clinical symptoms, the various histopathologic patterns, and the myriad clinical illnesses that cause severe respiratory distress, as well as a misinterpretation of clinical criteria for inclusion. To improve patient outcomes, both the identification of the clinical syndrome and the determination of the causative diagnosis are essential. We'll go through the definition, talk about the problems of diagnosing acute respiratory distress syndrome, and look at a method for determining the aetiology of acute respiratory distress syndrome. There is no particular treatment for the underlying pathophysiological mechanisms of Acute Respiratory Distress Syndrome (ARDS) more than fifty years after Ashbaugh and colleagues initially described it. Supportive therapies such as lung protective breathing, restrictive fluid management, paralysing medications, and prone positioning are all part of the current treatment plan. Despite significant advancements in ARDS treatment over the last five decades, the 45 percent fatality rate among patients with severe ARDS remains unsatisfactory. Topics covered include: This article examines the evolution of the present definition, establishes a pathophysiological mechanism, emphasises current best clinical practise in the treatment of ARDS, provides a brief overview of cutting-edge ARDS research, and concludes with an expert opinion on the matter.

The primary difficulty in ARDS research nowadays is tailoring the available measurements to specific genotypes. The growing digital revolution will aid in the individualization of ARDS treatment, hence improving survival and quality of life. Adults with severe pneumonia and Acute Respiratory Distress Syndrome (ARDS) are frequently infected with respiratory viruses. New diagnostic tools, particularly multiplex reverse transcription polymerase chain reaction, have improved the detection of viral respiratory infections in critically ill adults. Adults with ARDS caused by respiratory viruses get supportive therapy comparable to individuals with ARDS caused by other causes. Although antiviral medication is available for some respiratory viral infections, more research is needed to establish which patient groups will benefit from it. A cause of acute syndrome is a potentially fatal illness that affects many critically ill people. Traditionally, diagnosis has been difficult, and prognosis has been poor, but the Berlin criteria and advancements in medical therapies offer hope that we will be able to improve patient future outcomes [1-5].

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