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Professor de Anestesiologia UFES

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- Pesquisa bibliográfica
- Arquivamento das referências bibliográficas.
- Integração com o processador de textos.
- Preparo da apresentação.

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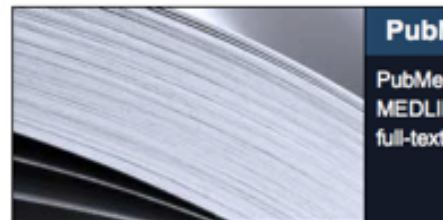
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RESULTS: The MV6h group showed increased CD11b-immunopositive cells, synapse density, and cleaved PARP-1 activation after surgery, as well as a decrease in freezing time after surgery. The levels of systemic and hippocampal IL-1 β , IL-6 and TNF α after surgery.

CONCLUSIONS: Prolonged MV after surgery further aggravates cognitive decline that may be mediated by TNF α , partially via activation of gliocytes in the surgical mouse hippocampus.

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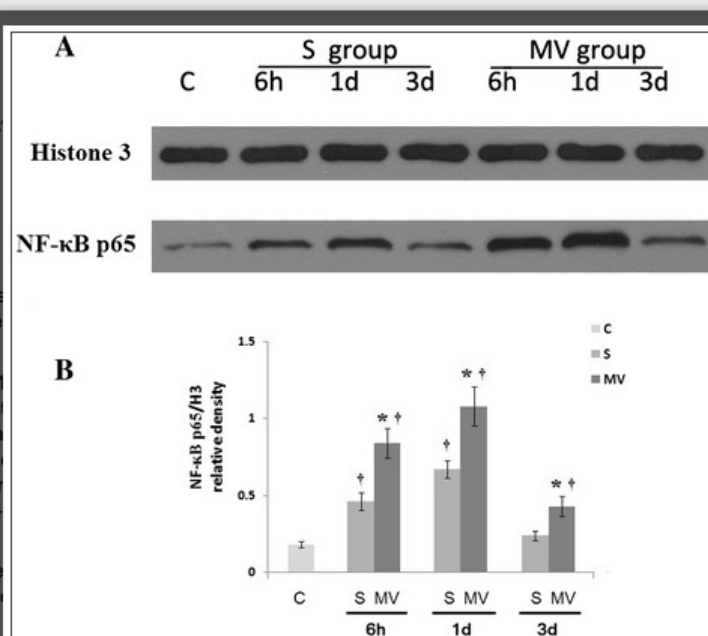
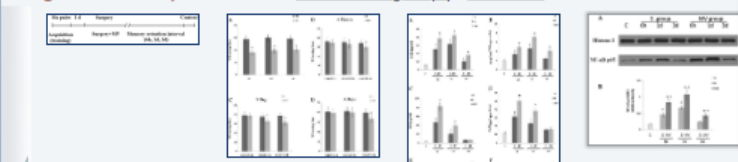


Figure 4

Six-hour exposure to mechanical ventilation significantly increased nuclear factor κ B activation in hippocampal tissues. (A) Nuclear factor κ B (NF- κ B) p65 expression was detected by Western blot analysis. **(B)** NF- κ B p65 protein expression was significantly increased in the mechanical ventilation (MV) groups compared with the surgery groups (S) at 6 hours, 1 day and 3 days postsurgery or post-MV. Western blot assay data are expressed as mean $\pm$ standard error of the mean. $n = 6/\text{group}$. * $P < 0.05$ compared with group S. $^{\dagger}P < 0.05$ compared with group C.

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Prolonged mechanical ventilation-induced neuroinflammation affects postoperative memory dysfunction in surgical mice.

Chen C¹, Zhang Z², Chen T³, Peng M⁴, Xu X⁵, Wang Y⁶.

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Abstract

INTRODUCTION: Patients undergoing surgery frequently develop neuropsychological disturbances, including cognitive decline or memory impairment, and routine clinical procedures such as mechanical ventilation (MV) may affect acute-phase brain outcome. We aimed to investigate the effect of the prolonged MV on postoperative memory dysfunction in surgical mice.

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Mashour GA¹, Woodrum DT², Avidan MS³.

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Abstract

Injury to the central and peripheral nervous systems is often permanent. As such, adverse neurological outcomes of surgery and anaesthesia can be devastating for patients and their families. In this article, we review the incidence, risk factors, outcomes, prevention, and treatment of a number of important neurological complications in the perioperative period.

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Do propofol and isoflurane protect the kidney against ischemia/reperfusion injury during transient hyperglycemia?

Carraretto AR¹, Vianna Filho PT, Castiglia YM, Golim Mde A, Souza AV, Carvalho LR, Deffune E, Vianna PT.

Author information

Abstract

PURPOSE: To study the effect of isoflurane (Iso) or propofol (Prop) anesthesia on renal ischemia/reperfusion injury (IRI) during transient hyperglycemia.

METHODS: Thirty six rats were randomly assigned into six groups of six animals each: PHS (Sham-Prop=1mg.kg-1.min-1 + Hyperglycemia=2.5g.kg-1 of glucose solution administered intraperitoneally); HIS (Sham-Iso + Hyperglycemia); PHI (Prop + Hyperglycemia + Ischemia); IHI (Iso + Hyperglycemia + Ischemia); PI (Prop + Ischemia), and II (Iso + Ischemia). After 30 minutes of anesthesia induction, right nephrectomy was performed (all animals) and the left renal artery was clamped during 25 minutes (ischemia). The animals were sacrificed after 24 hours and blood collection (to dose creatinine) and left kidney removal were performed for histological analysis, and flow cytometry (FCM): percentage of initial apoptosis (APTi) and viable cells (VC).

RESULTS: Serum creatinine (mg/dL) was statistically different in groups PHI (3.60±0.40) and IHI (3.23±1.08), p<0.05. Histological analysis was statistically different in groups PHI (4.0[4.0;5.0]) and IHI (4.5[4.0;5.0]), p<0.05. APTi percentage was statistically different in groups PHI (73.2±7.1), and IHI (48.1±14). VC percentage was statistically different in groups PHI (25.8±6.9) and IHI (38.5±9.2), p<0.05.

CONCLUSIONS: Propofol and isoflurane showed the same level of protection against ischemia/reperfusion injury in the normoglycemic groups. Transient hyperglycemia is associated with an increase in IRI.

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Does propofol and isoflurane protect the kidney against ischemia/reperfusion injury during transient hyperglycemia?¹

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Aparecida Vitória Gonçalves de Souza^V; Lídia Raquel de Carvalho^{VI};
Elenice Deffune^{VII}; Pedro Thadeu Galvão Vianna^{VIII}

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Does propofol and isoflurane protect the kidney against ischemia/reperfusion injury during transient hyperglycemia?¹

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ABSTRACT

PURPOSE: To study the effect of isoflurane (Iso) or propofol (Prop) anesthesia on renal ischemia/reperfusion injury (IRI) during transient hyperglycemia.

METHODS: Thirty six rats were randomly assigned into six groups of six animals each: PHS (Sham-Prop=1mg.kg⁻¹.min⁻¹ + Hyperglycemia=2.5g.kg⁻¹ of glucose solution administered intraperitoneally); HIS (Sham-Iso + Hyperglycemia); PHI (Prop + Hyperglycemia + Ischemia); IHI (Iso + Hyperglycemia + Ischemia); PI (Prop + Ischemia), and II (Iso + Ischemia). After 30 minutes of anesthesia induction, right nephrectomy was performed (all animals) and the left renal artery was clamped during 25 minutes (ischemia). The animals were sacrificed after 24 hours and blood collection (to dose creatinine) and left kidney removal were performed for histological analysis, and flow cytometry (FCM): percentage of initial apoptosis (APTi) and viable cells (VC).

RESULTS: Serum creatinine (mg/dL) was statistically different in groups PHI (3.60±0.40) and IHI (3.23±1.08), p<0.05. Histological

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Hemodynamic and ventilatory effects of volume or pressure controlled ventilation in dogs submitted to pneumoperitoneum. Comparative study.

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Carraretto AR¹, Vianna PT, de Almeida AV, Ganem EM.

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Abstract

BACKGROUND AND OBJECTIVES: Pressure controlled ventilation (PCV) is available in anesthesia machines, but there are no studies on its use during CO₂ pneumoperitoneum (CPP). This study aimed at evaluating pressure-controlled ventilation and hemodynamic and ventilatory changes during CPP, as compared to conventional volume controlled ventilation (VCV).

METHODS: This study involved 16 dogs anesthetized with thiopental, fentanyl and pancuronium, which were randomly assigned to two groups: VC - volume controlled ventilation (n=8) and PC - pressure controlled ventilation (n=8). Hemodynamic and ventilatory parameters were monitored and recorded in 4 moments: M1 (before CPP), M2 (30 minutes after CPP = 10 mmHg), M3 (30 minutes after CPP=15 mmHg) and M4 (30 minutes after deflation).

RESULTS: With CPP, there has been significant increase in tidal volume in PC group; there has been increase in airway pressures (peak and plateau), decrease in compliance with increase in CPP pressure, increase in heart rate, maintenance of mean blood pressure with higher values in the VC group in all stages; there was also increase in right atrium pressure with significant decrease after deflation, decrease in arterial pH with minor variations in PC group, greater arterial pCO₂ stability in PC group, and no significant changes in arterial pO₂.

CONCLUSIONS: There were some differences in hemodynamic and ventilatory data between both ventilation control modes (VC and PC). It is possible to use pressure controlled ventilation during CPP, but the anesthesiologist must monitor and take a close look at alveolar ventilation, adjusting inspiratory pressure to ensure proper CO₂ elimination and oxygenation.

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