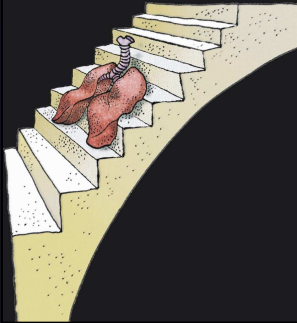
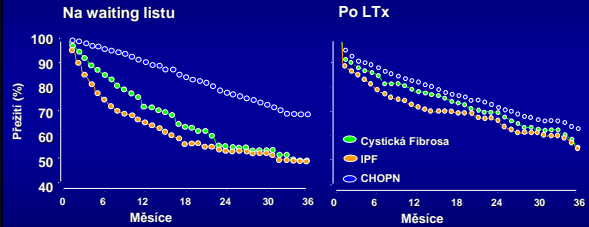


LVRS u pacientů s CHOPN

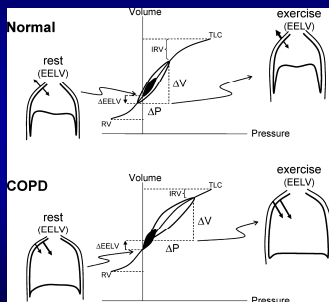


Jan Chlumský
Pneumologická klinika 1.LF UK
a Fakultní Thomayerovy
nemocnice, Praha

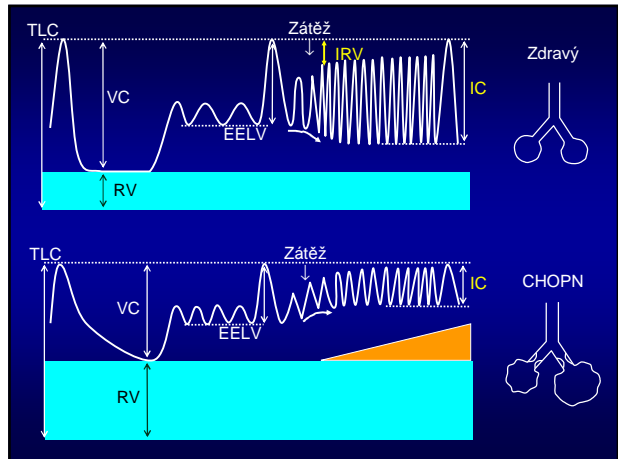
LTx u CHOPN: přežití



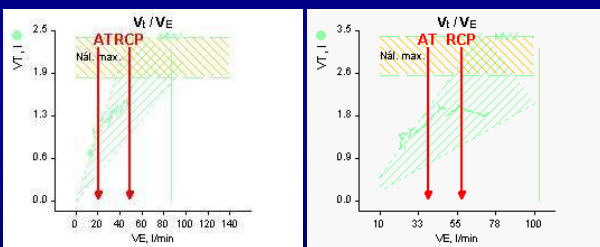
CHOPN - dynamická hyperinflace



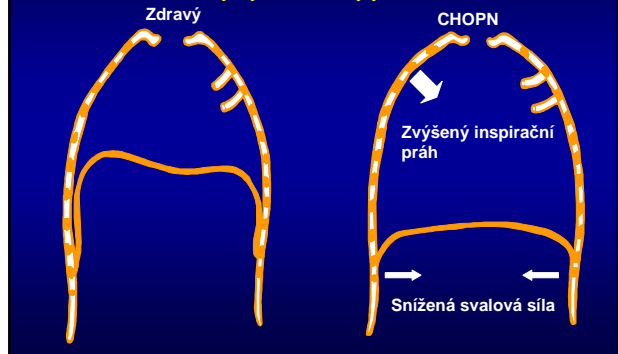
D. O'Donnell, COPD 2007

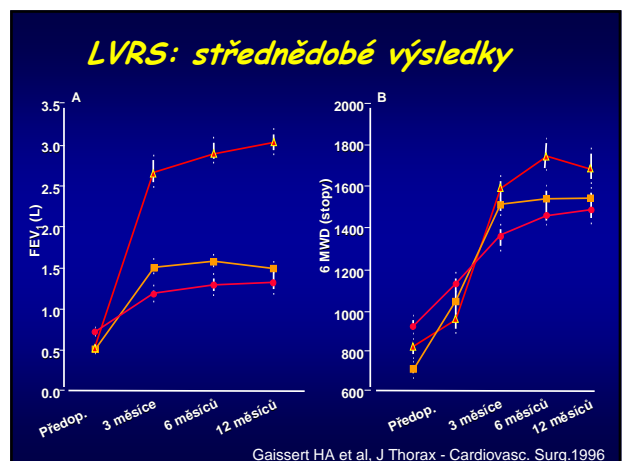
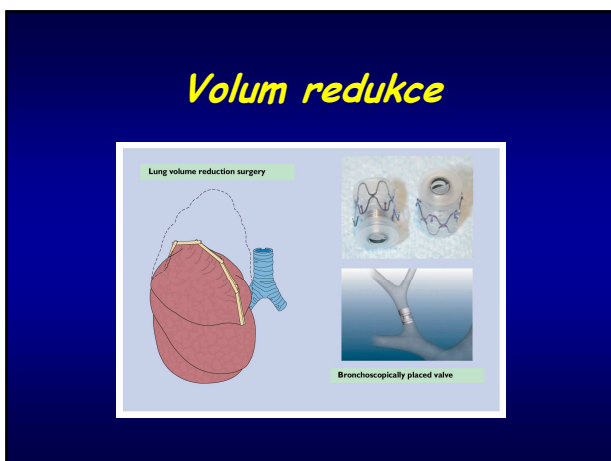
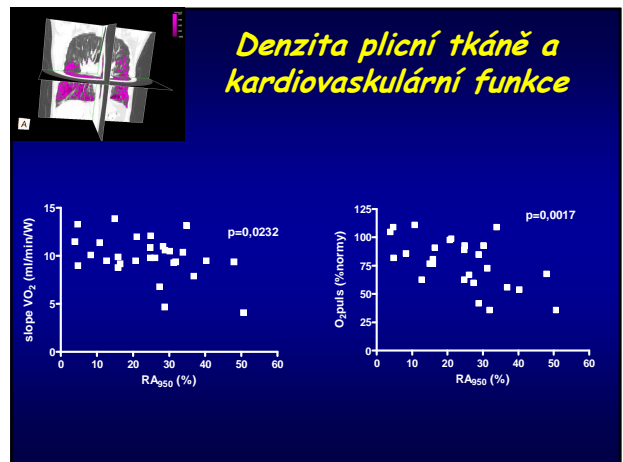
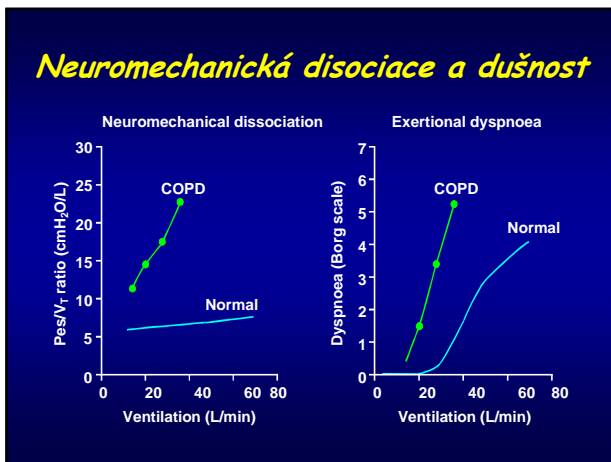
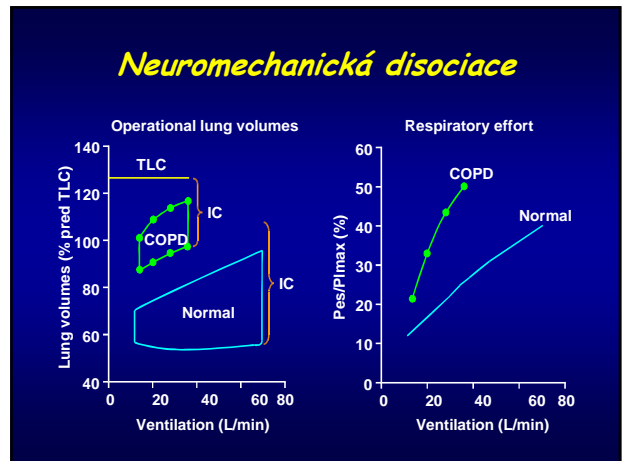
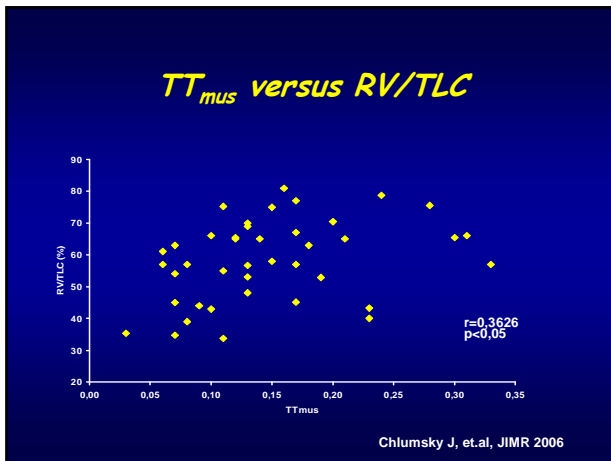


CHOPN

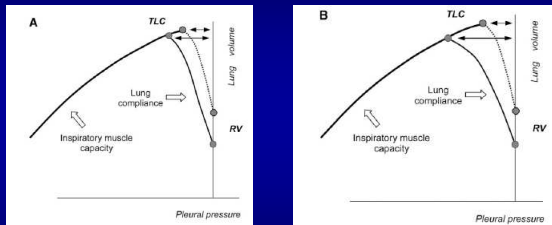


Důsledky plicní hyperinflace



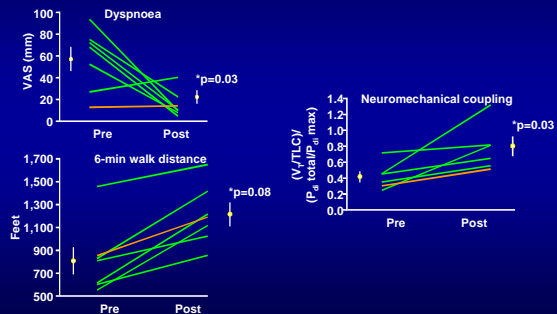


Efekt LVRS



Fessler HE, Proc Am Thorac Soc 2008

LVRS - vliv na ET a dušnost

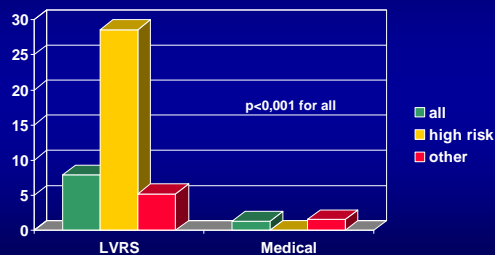


Laghi et al. Am J Respir Crit Care Med 1998

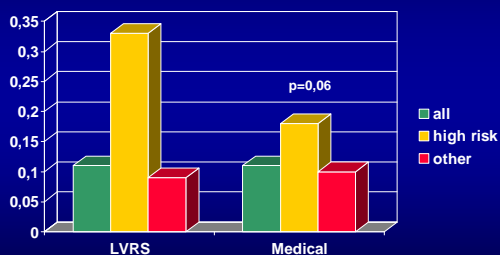
Pacienti

	LVRS	Medical
• počet	608	610
• věk	66,5	66,7
• FEV ₁	26,8%	26,7%
• RV	220,5%	223,4%
• TLC	128,0%	128,5%
• D _{LC0}	28,3%	28,4%
• 6-MWD	1216,5 ft	1219 ft
• SGRQ	52,5	53,6

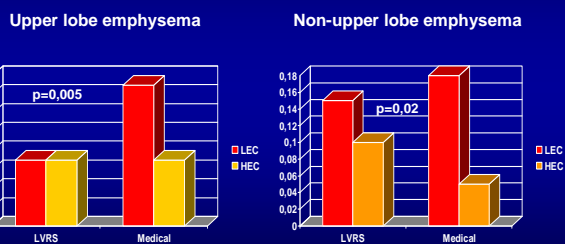
90-ti denní mortalita



Celková mortalita

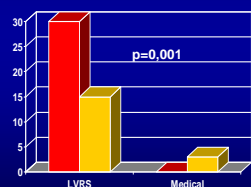


Celková mortalita

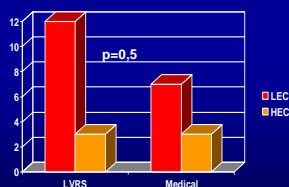


Zlepšení tolerance zátěže

Upper lobe emphysema

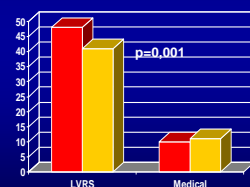


Non-upper lobe emphysema



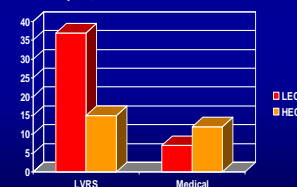
Zlepšení kvality života

Upper lobe emphysema

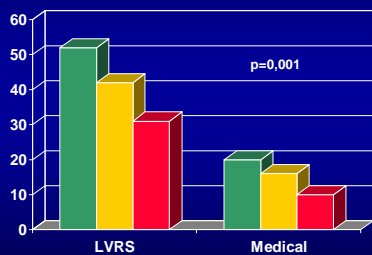


Non-upper lobe emphysema

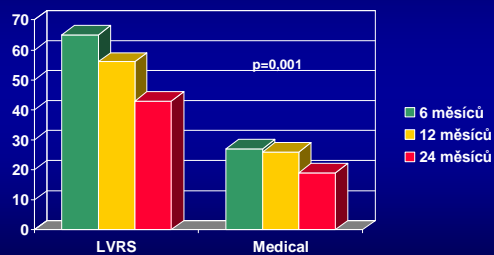
p=0,001



Zlepšení tolerance zátěže



Zlepšení FEV₁



Závěr

- LVRS je indikována u selektované populace pacientů s CHOPN:
 - vysoce doporučen u predominance horních laloků s nízkou tolerancí zátěže
 - Zvážit u predominance horních laloků s dobrou tolerancí zátěže ke zmírnění příznaků
- Efekt LVRS je několikaletý (3-5 let)