Trying to understand the pathophysiology of the 'tolerant hypoxemic'

We are learning about a new disease and the way it presents. From what we know, hypothesize and have experienced from others is that there are no simple blueprint treatment strategies.

COVID-19 pneumonia : different respiratory treatment for different phenotypes ? (full article)

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EDITORIAL

COVID-19 pneumonia: different respiratory treatments for different phenotypes?

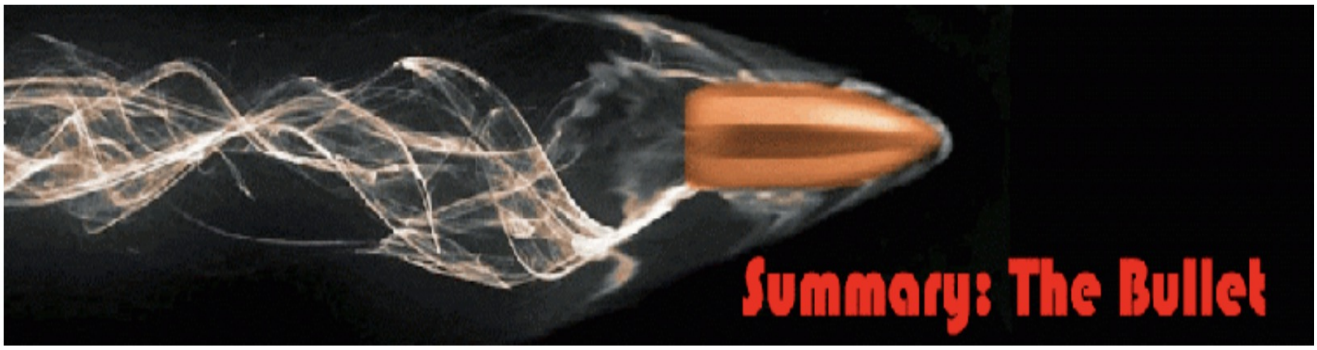
Luciano Gattinoni[1*], Davide Chiumello[2], Pietro Caironi[3,4], Mattia Busana[1], Federica Romitti[1], Luca Brazzi[5] and Luigi Camporota[6]

Josh Farkas shares his usual insightful views (here)

PulmCrit – Understanding happy hypoxemia physiology: how COVID taught me to treat pneumococcus

April 15, 2020 by Josh Farkas 24 Comments

Happy hypoxemia is severe hypoxemia (poorly responsive to supplemental oxygen) without dyspnea. This isn't anything especially new – we have occasionally seen this since time immemorial. However, COVID is causing us to re-think how to manage this physiology.



- Happy hypoxemia (severe hypoxemia without dyspnea) can be generated by a combination of shunt physiology, preserved lung compliance, and lack of dead space. This may result from any lung disease which causes a limited amount of shunt, while preserving the remainder of the lung (e.g., lobar consolidation or atelectasis).
- Happy hypoxemia has existed forever, but these patients presented only occasionally. COVID has forced us to re-think our approach to treating this physiology.
- When considering a patient with hypoxemia, the underlying pathology and physiology of hypoxemia is often more important than the exact saturation. Clinical context predicts the likelihood of deterioration or improvement.
- Reconceptualizing oxygen saturation will change the way we practice critical care – even long after the epidemic has passed.