View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by Okina

Hemodynamic support in the early phase of septic shock: a review of challenges and unanswered questions.

Submitted by Beatrice Guillaumat on Wed, 01/30/2019 - 12:44

Titre	Hemodynamic support in the early phase of septic shock: a review of challenges and unanswered questions.
Type de publication	Article de revue
Auteur	Lesur, Olivier [1], Delile, Eugénie [2], Asfar, Pierre [3], Radermacher, Peter [4]
Editeur	BMC
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	2018 Oct 29
Pagination	102
Volume	8
Titre de la revue	Ann Intensive Care
ISSN	2110-5820
Résumé en anglais	BACKGROUND: Improving sepsis support is one of the three pillars of a 2017 resolution according to the World Health Organization (WHO). Septic shock is indeed a burden issue in the intensive care units. Hemodynamic stabilization is a cornerstone element in the bundle of supportive treatments recommended in the Surviving Sepsis Campaign (SSC) consecutive biannual reports. MAIN BODY: The "Pandera's box" of septic shock hemodynamics is an eternal debate, however, with permanent contentious issues. Fluid resuscitation is a prerequisite intervention for sepsis rescue, but selection, modalities, dosage as well as duration are subject to discussion while too much fluid is associated with worsen outcome, vasopressors often need to be early introduced in addition, and catecholamines have long been recommended first in the management of septic shock. However, not all patients respond positively and controversy surrounding the efficacy-to-safety profile of catecholamines has come out. Preservation of the macrocirculation through a "best" mean arterial pressure target is the actual priority but is still contentious. Microcirculation recruitment is a novel goal to be achieved but is claiming more knowledge and monitoring standardization. Protection of the cardio-renal axis, which is prevalently injured during septic shock, is also an unavoidable objective. Several promising alternative or additive drug supporting avenues are emerging, trending toward catecholamine's sparing or even "decatecholaminization." Topics to be specifically addressed in this review are: (1) mean arterial pressure targeting, (2) fluid resuscitation, and (3) hemodynamic drug support. CONCLUSION: Improving assessment and means for rescuing hemodynamics in early septic shock is still a work in progress. Indeed, the bigger the unresolved questions, the lower the quality of evidence.
URL de la notice	http://okina.univ-angers.fr/publications/ua18746 [5]

DOI	10.1186/s13613-018-0449-8 [6]
Autre titre	Ann Intensive Care
Identifiant (ID) PubMed	30374729 [7]

Liens
[1] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=33497
[2] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=33498
[3] http://okina.univ-angers.fr/pi.asfar/publications
[4] http://okina.univ-angers.fr/publications?f%5Bauthor%5D=4892
[5] http://okina.univ-angers.fr/publications/ua18746
[6] http://dx.doi.org/10.1186/s13613-018-0449-8
[7] http://www.ncbi.nlm.nih.gov/pubmed/30374729?dopt=Abstract

Publié sur *Okina* (http://okina.univ-angers.fr)