



Acute Respiratory Failure: New Perspectives and Current Clinical Challenges

Guest Editor:

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Message from the Guest Editor

Dear Colleagues,

Acute respiratory failure (ARF) patients represent the widest cluster of those critically ill in ICU. To date, Pdrive, transpulmonary pressure, and mechanical power have been proposed as markers to quantify the risk of VILI and optimize ventilator settings, whereas no strategies for individualizing positive-end expiratory pressure (PEEP) have proven superior for improving survival. Several rescue therapies, including neuromuscular blockade, prone positioning, recruitment maneuvers (RMs), vasodilators, and extracorporeal membrane oxygenation (ECMO), may be considered to treat severe ARF. Non-invasive ventilation (NIV) and high-flow nasal oxygen (HFNO) have become further cornerstones of ARF treatment, mainly after the COVID-19 pandemic, as they help to avoid the risks related to intubation and prolonged mechanical ventilation. Future perspectives and current clinical changes are focused especially on less-invasive monitoring, such as electrical impedance tomography (EIT) and lung and diaphragm ultrasound. The final aim remains avoiding ARF progression and promoting a better survival after ICU recovery.





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