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Patient with Lung Carcinoma, Sleep Apnea, and Obesity: Capnostream Monitorisation in Hypercapnea

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Introduction: Sleep apnea, obesity and grade 4 lung carcinoma are clinical stations characterized with CO₂ deposition. Capnostream and nose-mouth mask canima are suitable for end-tidal CO₂ monitorisation in spontaneous breathing patient and deliver rapid solutions.

Case Presentation: 50 year old patient sent to emergency clinic with difficulty in breathing and sleepy mood. There was seen that patient has massive pleural effusion in left hemithorax, after thoracentesis hypercapnia and hypoxemia was seen and patient was intubated and thereafter was transferler and accepted to our ICU clinic. Hypertension, DM, obesity, and, sleep apnea were the comorbid diseases of the patient. In 24 hour period of the intubated patient there was found that the left hemithorax was obliterated with lung carcinoma. The patient was extubated and breathing physiotherapy(coupling, baloon egserises) and NIV was applied. The patient was diagnosed with chronic hypercapnia and the arterial PCO₂ parameter differentiate between 50-80 mmHg levels. In simultane time the end CO₂ parameters was measured with nose-mouth canula and capnostream. We saw that in minimum hypercapnia level of the patient(<50 mmhg) there was consistency between the two parameters and in high level of hypercapnia (60 mmhg) big difference existed between the parameters. In clinical visits we saw that the patient develop the sleepy mood in CO₂ levels >75 mg Hg.

Conclusion: The monitoriation of hypercapnia and breathing insufficiency with capnostream can not be used safely. In our patient we prefer to use arterial CO₂, clinic and consciousness level for the monitoriastion of high CO₂ levels.

Keywords: Capnostream monitorisation, lung cancer, sleep apnea