LUNG INJURY AFTER CPB

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Lung failure after CPB is multifactorial and patient factors combine with the direct effect of CPB to compromise pulmonary function in the early postoperative phase.

Pulmonary dysfunction after CPB vary from mild postoperative dyspnea to ARDS with very high mortality rate. Blood contact with the foreign surface of CPB results in the formation of activated complement factors which have adverse effects when released to circulation and lead to activation of granulocytes and monocytes with subsequent release of other inflammatory mediators resulting in widespread pulmonary injury.