NON-INVASIVE VENTILATION /NIV/ BY DUCHENNE MUSCULAR DYSTROPHY. CASE REPORT

Adejanowa Alina[1],Doboszyńska Anna[2], Tuyakov Bułat[3], Wachulski Mariusz[4].

Clinic of Lung Deseases Hospital Gizycko[1], Department of Pulmonology, University of Warmia and Mazury[2] ,Olsztyn, Department of Intensive Care Unite and Anesthesiology[3] , The Regional Specialist Hospital in Olsztyn, Sue Ryder Home in Bydgoszcz[4]

Alina Adejanowa ,Clinic of Lung Deseases Hospital Gizycko ,11-500 Wilkasy ,ul. Rozana 2,

Poland. e-mail: alinaadejanowa@op.pl

Duchenne muscular dystrophy (DMD) is a recessive, X-linked disease leading to the chronic respiratory failure. Non-invasive mechanical ventilation used in child with neuromuscular diseases, i.e. DMD, improves the breathing comfort and quality of life, prolongs patient survival, reduces shortness of breath, an incidence of infectious complications, and diminishes deformations of the chest. The main aim of the ventilation is to increase the level of oxygen supply, improve oxygenation and reduce oxygen consumption for the breathing process, anatomic dead space and right-to-left shunt. The strong indication to start the therapy is the level of FVC below 11 and FEV1 level below 20%. In the studied case, the whole procedure began at FVC 1,61 and FVC1 26%. A case of a 30-year old patient with DMD diagnosed in the age of 7 years is presented. Since his 18th year of life, the symptoms of the chronic respiratory failure has been observable step-by-step and restrictive disorders have perceived. 10 years ago, in 2004, the non-invasive mechanical ventilation has been implemented. Currently, the patient is ventilated 16-18 hours per day. In the course of the treatment, there were no serious infectious complications. Patient has not been hospitalized except for an implantation of the pacemaker .