

Pitt Researchers Receive \$2.1 Million to Study Prevention of Deadly Lung Injury

University of Pittsburgh researchers received \$2.17 million from the National Heart, Lung, and Blood Institute, part of the National Institutes of Health, to study the prevention and early treatment of acute lung injury. Also known as acute respiratory distress syndrome (ARDS), acute lung injury is a deadly condition that causes the lung to fail in critically ill patients either directly through injury to the lung, such as pneumonia, or indirectly related to another illness.



"Many serious illnesses harm the lung, even when that illness starts elsewhere in the body. A trauma patient may develop ARDS as a result

of blood loss or treatments. Severe infection, even outside of the lung, is also a major trigger for ARDS," said Donald. M. Yealy, M.D., professor and chair of Pitt's Department of Emergency Medicine.

Pitt and UPMC investigators recently published in the *New England Journal of Medicine* a landmark study that brought new insights into early treatment of sepsis, a deadly form of infection.

Dr. Yealy and co-lead investigator McGowan Institute for Regenerative Medicine affiliated faculty member <u>Derek C. Angus, M.D., M.P.H.</u>, Distinguished Professor and Mitchell P. Fink Chair, Department of Critical Care Medicine at Pitt, are members of the steering committee for the Pennsylvania region of the multi-center Prevention and Early Treatment of Acute Lung injury (PETAL) network. The network, which includes a unique combination of emergency physicians and critical care specialists, will conduct clinical trials to prevent, treat, and improve the outcome of patients with ARDS.

"Once lung injury is embedded, it often causes death or long-term damage. Our goal is to recognize the onset of ARDS and treat it before it can do serious harm to the lung," Dr. Angus said.

Read more...

UPMC/University of Pittsburgh Schools of the Health Sciences Media Relations News Release

<u>Abstract</u> (A randomized trial of protocol-based care for early septic shock. The ProCESS Investigators. New England Journal of Medicine; 370:1683-1693, May 1, 2014.)

Back to Home Page