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Respiration

EXPERIMENTAL FAT EMBOLISM Olive oil (1.5 ml/kg) was injected through a central venous catheter in 16 dogs, half of whom had been pretreated with reserpine for two days. The two groups were similar in these parameters: Pulmonary-artery pressures rose 300 per cent. Systemic arterial pressures fell about 15 per cent, then returned to normal in three to four hours. Cardiac outputs decreased 30 to 40 per cent. Pulmonary vascular resistances increased 400 per cent. Physiologic deadspaces increased from .32 to .46. P_{CO_2}'s rose 7 mm Hg and *p*H's decreased about 0.1 unit. The two groups showed notable differences in the following parameters: P_{aO_2} fell from 90 to 80 mm Hg after two hours; in the control group it continued to fall, to 55 mm Hg after five hours; but in the reserpine group it leveled off at 80 mm Hg. On breathing 100 per cent oxygen, the reserpine-treated animals had an alveolar–arterial O_2 tension difference only slightly higher than normal (110 mm Hg); in the control group $A\text{-}aDO_2$ rose to 300 mm Hg. The calculated pulmonary arteriovenous shunt increased from 8 to 10 per cent of cardiac output in the reserpine-treated group; in the control group it increased to 14 per cent. Hematocrit increased from 40 to 46 per cent in the reserpine group, and to 52 per cent in the control group. The mechanisms whereby reserpine modifies the effects produced by fat embolism are not clearly indicated. *(Moritz, E., and others: Experimental Pulmonary Fat Embolism. Arch. Surg. 105:275–279, 1972.)*

EDITOR'S NOTE: Massive autonomic stimulation is a characteristic response to pulmonary embolization. Unless the pre-embolization cardiac output is taken into account, the change in hemodynamic and gas exchange function is impossible to evaluate.