

Specific Clinical Risk Factors: Aspiration Pneumonia

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Aspiration or oropharyngeal contents occurs in 45% of healthy persons during sleep yet pneumonia is uncommon, probably due to efficient clearance and host defense mechanisms.

Risk factors:

- altered consciousness (alcohol or substance abuse, administration of sedatives or anesthesia, head trauma, seizures, other neurological disorders)
- dysphagia, GI motility disorders, and GERD and their underlying etiologies
- recurrent emesis

Aspects of the aspirated material:

- Content: oropharyngeal contents vs. gastric contents
- Volume: Small amounts over time (chronic pulmonary changes)

Mendelson's Syndrome

Large volume of acidic gastric contents

- Chemical pneumonitis – atelectasis, pulmonary edema, hemorrhage, and necrosis
- tachypnea, dyspnea, fever
- cyanosis, bronchospasm, rales
- RLL, LLL, multiple lobes
- progresses to necrotizing pneumonitis, cavitary lesions, abscesses, and empyema
- therapy may include immediate pharyngeal and endotracheal suctioning, bronchoscopy, IV fluids, monitoring of blood gases and respiratory status, oxygen, intubation and mechanical ventilation, steroids, sputum cultures, antibiotic therapy

Look for underlying etiology. Treat etiology as a symptom.

Once etiology is determined, the treatment regimen is based on prevention.