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Fentanyl-Induced Wooden Chest Syndrome Masquerading as Severe Respiratory Distress Syndrome in COVID-19 Grace Judd BS, Rachael Starcher MD, David Hotchkin MD

- (ARDS) on hospital day 11
- >30 cm H₂O despite minimizing dead space
- secretions
- oxygenation
- discontinued fentanyl





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Wooden Chest Syndrome v. COVID-19 ARDS

Marked hypercarbia

Laryngospasm and respiratory muscle contraction

Good alveolar compliance

> Poor chest wall compliance

Ventilatory failure

Poor lung compliance

High airway pressures

Marked hypoxia

Inflammatory alveolar damage

> Poor alveolar compliance

Good chest wall compliance

Takeaway Points

Fentanyl uniquely activates laryngeal and respiratory muscle potentially leading to a fatal syndrome known as Wooden Chest Syndrome (WCS) manifested by poor ventilation • It is likely more common than clinicians realize

Implications in practice:

Maintain a high index of suspicion for alternate or overlying physiologies when treating persistent ventilatory failure in ARDS

 Discontinue fentanyl if lung compliance and ventilatory failure seem out of proportion to hypoxia

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