# 重症醫學論壇 Brain Monitoring Technology in Intensive Care Unit

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#### 大綱

• 神經重症患者的監測

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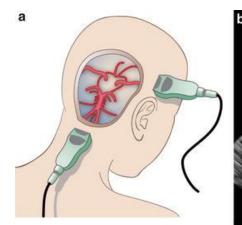
- 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology)
  - >關注於評估顱內變化並追蹤治療反應,可在症狀前檢測惡化。

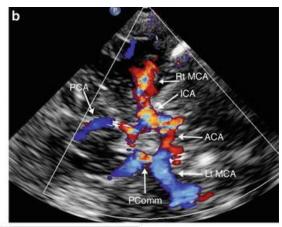
- 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology)
  - >在神經重症照護(Neurocritical Care)中,指的是整合多種侵入性和非侵入性監測模態(Modalities),用於即時評估腦生理學(Brain Physiology)、檢測腦損傷早期跡象(Early Signs of Brain Injury),並指導治療決策

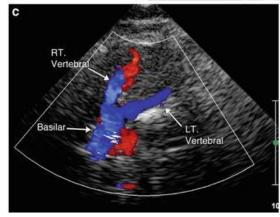
- 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) 非侵入性模態 (Non-Invasive Modalities)
  - >瞳孔測量儀(Pupillometry):
  - ⇒使用自動瞳孔儀(Automated Pupillometers, APMs),透過紅外線相機(Infrared Cameras)和LED光源測量瞳孔反應,包括潛伏期(Latency)、收縮速度(Constriction Velocity)、擴張速度(Dilation Velocity)和神經瞳孔指數(Neurological Pupil Index, NPi)
  - ⇒目的:減少檢查者間變異性(Inter-Examiner Variability),早期檢測瞳孔變化(如TBI或腦梗塞),並輔助腦死亡評估(Brain Death Assessment)



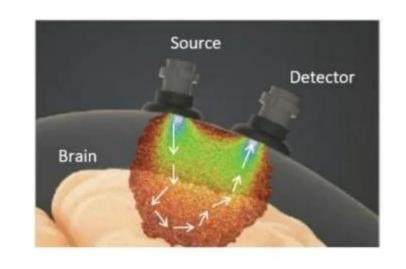
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  - >經顱多普勒超音波(Transcranial Doppler Ultrasound, TCD):
  - ⇒使用低頻超音波探針(Low-Frequency Ultrasound Probes, 2 MHz)透過聲窗(Acoustic Windows,如顳窗、眶窗)測量腦血流速度(Cerebral Blood Flow Velocity, CBFV)、脈動指數(Pulsatility Index, PI)和阻力指數(Resistance Index, RI)
  - □ 目的:即時監測腦血行動力學(Cerebral Hemodynamics),預測顱內壓升高(Elevated Intracranial Pressure, ICP)、血管痙攣(Vasospasm,如SAH),並評估鐮狀細胞病(Sickle Cell Disease)的中風風險

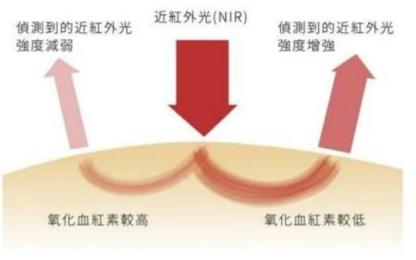




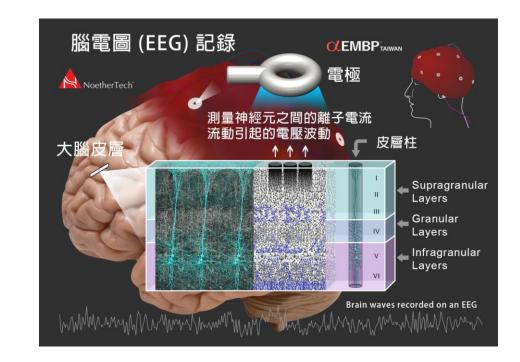


- 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) 非侵入性模態 (Non-Invasive Modalities)
  - >近紅外光譜(Near-Infrared Spectroscopy, NIRS):透过額頭黏貼片(Adhesive Patches)測量區域腦氧飽和度(Regional Cerebral Oxygenation, rSO2),計算氧合血紅蛋白與還原血紅蛋白比例(Oxyhemoglobin and Reduced Hemoglobin Ratios)。
  - >目的:評估腦灌注 (Cerebral Perfusion),預測昏迷患者預後 (Outcomes in Comatose Patients),並指導輸血 I標 (Transfusion Goals),尤其在心臟驟停期間;但限於額葉區域 (Frontal Brain Regions)





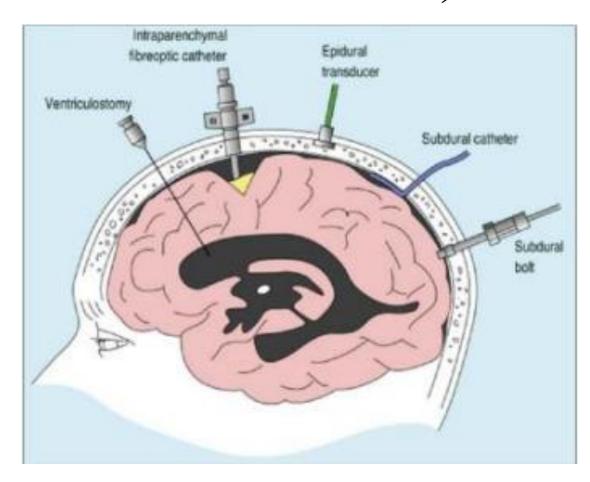
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  - >定量腦電圖(Quantitative EEG, qEEG):連續腦電圖監測(Continuous EEG Monitoring),顯示面板包括癲癇機率(Seizure Probability)、節律性(Rhythmicity)、振幅(Amplitude)和不對稱指數(Asymmetry Indices)
  - >目的:檢測非痙攣性癲癇(Non-Convulsive Seizures)、監測治療(如誘導性昏迷,Induced Coma)、識別缺血(Ischemia,如SAH)



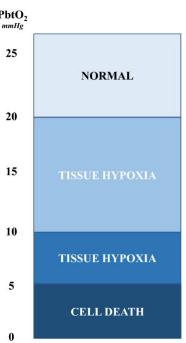
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  - > 生理檢查 (Physical Examination):詳細神經評估,包括意識水平 (Level of Consciousness)、顱神經功能 (Cranial Nerve Function)和運動反應 (Motor Responses),使用標準量表如格拉斯哥昏迷量表 (Glasgow Coma Scale, GCS)、國家衛生研究院中風量表 (NIH Stroke Scale, NIHSS)或四分量表 (FOUR Scale)
  - >目的:檢測細微變化,預防次發性腦損傷(Secondary Brain Injury),並指導影像檢

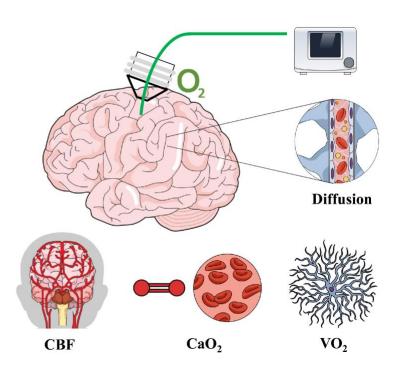


- 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) -侵入性模態 (Invasive Modalities)
  > 顱內壓監測 (Intracranial Pressure Monitoring, ICP):使用外腦室引流管 (External
  - Ventricular Drains, EVDs)或腦實質探針
  - (Intraparenchymal Probes) 連續測量ICP, 基於Monro-Kellie原理 (Monro-Kellie Doctrine)
  - >目的:檢測ICP升高(如嚴重TBI),指導治療干預,評估腦自動調節(Cerebral
  - Autoregulation)透過壓力反應指數(Pressure Reactivity Index, PRx), EVDs還可排水腦脊液(CSF Drainage)

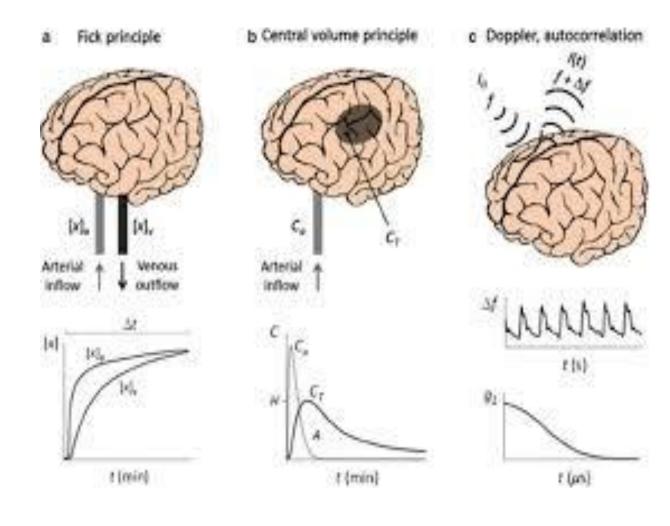


• 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) - 侵 入性模態(Invasive Modalities) >腦組織氧監測 (Brain Tissue Oxygenation Monitoring, PbtO2):使用探針如Licox或 Neurovent-PTO測量腦實質氧分壓 (Partial Pressure of Oxygen in Brain Parenchyma) >目的:評估腦氧合(Cerebral Oxygenation),維持氧水平,指導TBI治療 與腦灌注壓(Cerebral Perfusion Pressure, CPI。 相關;限於局部區域(Focal Areas)

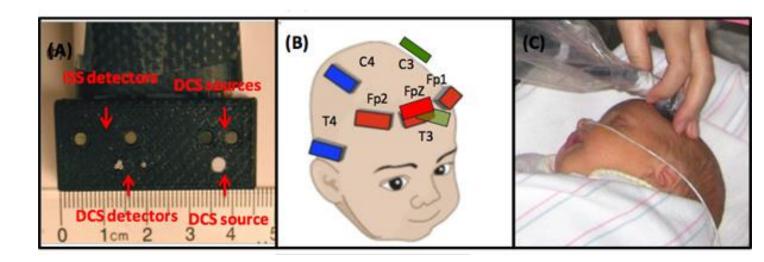




• 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) -侵入性模態(Invasive Modalities) >腦血流監測(Cerebral Blood Flow Monitoring, CBF):使用熱擴散血流測 定(Thermal Diffusion Flowmetry, TDF) 腦實質探針測量區域CBF >目的:檢測血流變化(如SAH或 TBI),評估自動調節和血管反應性 (Vasoreactivity), 監測治療反應;限 於局部測量



- 床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) 侵入性模態 (Invasive Modalities)
  - > 腦代謝監測(Cerebral Metabolism Monitoring):腦微透析(Cerebral Microdialysis, CMD),導管採樣細胞外液(Extracellular Fluid)測量葡萄糖(Glucose)、乳酸(Lactate)和丙酮酸(Pyruvate)
  - >目的:估計腦代謝(Brain Metabolism),識別代謝危機(Metabolic Crises,如乳酸/丙酮酸比>40),評估SAH和TBI預後



#### • ORANGE研究:

- > 國際多中心前瞻性觀察性隊列研究 (Prospective Observational Cohort Study),神經瞳孔指數 (Neurological Pupil Index, NPi) 與急性腦損傷 (Acute Brain Injury, ABI) 預後關係
- >納入514例,40,071次NPi測量;47%有至少一次NPi異常,與不良神經預後和院內死亡相關,顯示NPi為非侵入性動態監測指標
- •床邊多模態神經監測技術 (Bedside Multimodal Neuromonitoring Technology) 關注於評估顱內變化並追蹤治療反應,可在症狀前檢測惡化

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