

Pneumonia was suspected upon the presence of new and/or progressive pulmonary infiltrates on chest radiograph plus two or more of the following criteria:

- Fever ≥ 38.5 °C or hypothermia < 36 °C;
- Leukocytosis $\geq 12,000$ white blood cell (WBC)/mm³ or leukopenia $< 4,000$ WBC/mm³;
- Purulent sputum and/or new onset or worsening cough or dyspnea.

Atelectasis was defined as lung opacification with shift of the mediastinum, hilum or hemidiaphragm towards the affected area and compensatory hyperinflation in the adjacent non-atelectatic lung.

Postoperative acute lung injury (PALI) was defined as the presence of: (I) severe oxygenation failure ($\text{PaO}_2/\text{FiO}_2 < 300$ mmHg); (II) diffuse pulmonary infiltrates on chest radiography; and (III) the absence of signs of left heart

failure within the first postoperative week.

The SIRS criteria were (we used the most deranged value recorded after surgery):

- (I) Core temperature > 38 °C or < 36 °C. (Core temperature was rectal or tympanic). axillary temperatures were used, 0.5 °C were added to the measured value.
- (II) HR > 90 beats per minute. If patient had an atrial arrhythmia, record the ventricular rate. If patients have a known medical condition or were receiving treatment that would prevent tachycardia (for example, heart block or beta blockers), they must meet two of the remaining three SIRS criteria.
- (III) RR > 20 breaths per minute or a $\text{PaCO}_2 < 32$ mmHg (4.3 kPa) or mechanical ventilation for an acute process.
- (IV) WBC count of $> 12 \times 10^9/\text{L}$ or $< 4 \times 10^9/\text{L}$.