PULMONARY DISEASES – CASE STUDY

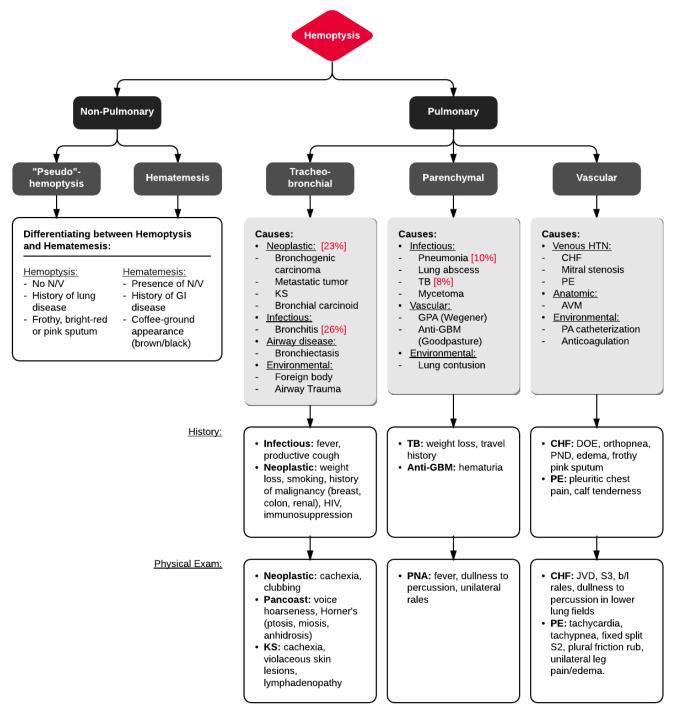
Disease	Interstitial Lung Fibrosis	Tuberculosis	Pneumothorax	Pneumonia
Symptoms	- Exertional Breathlessness - Dry Cough - Chest pain - Hemoptysis - History of drugs as: Methotrexate / Sulphonamides/Antiarrythmatic (amiodarone) / Aspirin / Gold	- Chronic Cough (may mimic whooping cough / productive and hemoptyisis may be presented) - Persistent collapse followed by bronchiectasis of middle lobe (Brok's \$) - Enlargen LN - Ennlarged Gohns focus	 Sharp chest pain (unilateral) Dry cough Dyspnea Shock in tension pneumothorax Classic presentation = Tall thin person smoking 	 FHMA Cough starts dry then brownish rusty sputum / watery sputum Dyspnea Pleuritic stitching chest pain (pleurisy)
Signs	 Cyanosis Clubbing Bilateral basilar end inspiratory Crepitations 	 Fever especially evening Tachycardia Cachexia Clubbing(SLS) Crepitations Signs of Cavity 	 Tachycardia Hypotension Respiratory Distress Unilateral Bulge TVF decrease Trachea shifted Hyperresonance 	- Tachycardia - RR to HR (1:2) - Herpes labialis (in pneumococcal infection) - Jaundice in case of hemolysis - Pale or cyanotic - TVF increase - Dullness - Bronchial breathing - Fine late inspiratory crepitations then coarse inspiratory crepitions
inv.	- CXR= Bilateral Pulmonary infiltrations with reticulo-nodular shadow+ Honeycombing in severe cases - High resolution CT - ABG = Type-1 RF - PFT= Reduced lung volume (restrictive)	- <u>CXR</u> = Persistant shadow inspite of ttt + Cavity / Miliary shadow/Hilar or paratracheal LN (signs of complictions) - <u>Bacteriological</u> examination = - ZN-stain - <u>Tubercilin test</u> - <u>Blood test</u> = High ESR	- CXR = Absence of lung markings+Lung collapse+Deep sulcus sign - Blood gases = Hypoxia - Pleural manometry = 1) Closed: < atmospheric pressure 2) Open: = atmospheric 3) Tension: > atmospheric	- CXR = 1) Lobar P: homogenous opacity 2) Broncho P: Patchy bilateral shadows 3) Interstitial P: Reticular shadow - Sputum examination to detect organism - Pleural fluid cultutre - Blood tests High ESR
Treatment	Treat the causeSteroids andAntibioticsO2 therapy	- Anti-tubercilin drugs	- Intercostal tube in severe cases	Antibiotics eg:AzithromycinSupportive andSymptomatic ttt
Complications		 Bronchiactasis Pulmonary Fibrosis Mycetoma Amyloidosis Cor Pulmonale RF Miliary TB 		 Septicemia MOF RF DIC Pleurisy and Pleural Effusion
D.D		 Bronchogenic carcinoma Pneumonia Fever of unkown origin Causes of hemoptysis 		

Disease	Pulmonary embolism (ICU patient)	Cor-Pulmonale	Bronchial Asthma
Symptoms	 Not specific symtpoms = Tachycardia , Pleuritic chest pain . Pulmonary HTN , Cor-pulmonale In medium sized embolus = Pleuritic chest pain , Cough and hemoptysis , Dysnea In acute cases = Pain similar to angina , sudden pulmonary HTN , acute RHF Finding suggestive for DVT = Tenderness , swelling and redness of LL 	 It is a RV enlargement due to a pulmonary disease Pulmonary diseases > Pulmonary diseases > Pulmonary HTN > RV enlargement > RSHF These pulmonary diseases may be = Lung collapse Pneumothorax Pulmoanry embolism COPD Interstitial pulmonary fibrosis Bilahriziasis 	 Recurrent attack of wheeze, SOB and chest tightness, cough Symptoms worsen at night and early morning Associated with allergen exposure Family history
Signs	Hypoxia with normal CXR Fever and Jaundice may start after 24 hr	- Of the cause	 Normal inbetween attacks During the attack = 1) Hyperinflation 2) Wheeze 3) Vesicular breath
Inv.	 CXR= Elevated cupola of diaphragm , Pulmonary infarction (wedged shaped opacity) ECG = S1 Q3 T3 pattern / exclude Myocardial infarction Echo = Enlargment of RA , RV and pulmonary artery Pulmonary angiography (avoid- invasive) Inv for DVT = Duplex 	- Of the cause	- PFT = Reduced FEV1 & FEV1/FVC during attack response to bronchodilators - Skin prick test - Blood picture = Eosinophilia - Sputum examination = Curschmann's spirals / Charcotleyden crystals/ Creola bodies - ECG = Exclude cardiac causes of dyspnea
Treatment	 CCU Anticoagulants (heparin, warfarin) Thrombolytic therapy (streptokinase) Pulmonary embolectomy (in massive PE) 	- Of the cause	 During attack = B2 agonist (you may need to add anti-cholinergic drugs in persistence) Inbetween attacks = Inhaled corticosteroids and long acting B2 agonist may be used according to severity and persistance
Complications	- Cor-Pumonale - Death		Status AsthmaticusPneumothoraxRF and Corpulmonale
D.D	 Causes of acute chest pain = Myocardial infarction Pericardial effusion Acute pulmonary edema Pneumonia Tension Pneumothorax Bronchial Asthma 		- COPD - Cardiac Asthma - Carcinoid \$ - Churg-Strauss Vasculitis

Types of Bronchial Asthma:

Differentiating parameters	Extrinsic	Intrinsic
- Age of anset	Childhood	Middle age
· Precipitating factor	Obvious	Not obvious
- Family history	Allergy	8ronchial asthma
- Atopic tendency	Usually apparent	Absent
- IgE level	Raised	Not raised
- Skin test	Positive	Negative
- Asthma	Intermittent	Less labile & often severe

	Cardiac	Bronchial
Age	Usually old	Usually young
History	Cardiac disease	Chest disease
Time of attack	2 hours after sleep	Early morning
Duration	Minutes	Up to hours
Expectoration	Minimal, but if APO occurs pink frothy	Viscid mucoid (mucous pellet)
O/E	± Valve lesion Fine basal crepitations ± Wheezes	Inspiratory + expiratory sibilant ronchi
TTT	Diuretics	Bronchodilators



Normal Values

Urea	Up to 5.6 mmol/L	RR	12-16/min
Creatinine		Pulse	60-100 bpm
Na	135 – 145 mmol/L	Blood pressure	120/80 (Diastolic pressure < 90)
K	3.5 – 5 meq/L	Temperature	36.5 - 37.2
Са	9-11 mg/dL	SaO2	95-100%
PO4	3.0-4.5 mg/dL	PaO2	75-100 mmHg
Cholestrol	Less than 200 mg/dL	нсоз	22-28 mEq/L
Hb	<i>∂</i> = 16-18 ♀= 12-14	ESR	♂ = 10 ♀ = 12
WBC	4000 – 11000 / mm3	AST	Up to 200 (may reach 600 in arabs)

KIDNEY CASES

Disease	Nephritic \$	Nephrotic \$	AKI	СКІ
Symptoms	 Haemturia (frank / microscopic) Mild edema Oliguria Signs of uremia (fatigue , pruritis , nausea) Complications = LSHF and IHD Cerebral atherosclerosis and Hypertensive encephalopathy Renal failure and Papilloedema Aortic dissection 	 Peripheral edema in adults and fascial edema in children Frothy urine Fatigue Recurrent infection 	- Oliguria - This is followed by Dehydration then by Improvement - Rapid Onset	- GIT manifestations (incluse stomatitis / GERD / gastritis / hepatitis / late uremic dysentry) - CVS: HTN due to Na retention (80%) + Myocarditis (HF) + Uremic pericarditis and Arrythmia - Chest infections (recurrent) due to decreased WBC's - CNS symptoms - Skin: Pallor and earthy look / pigmentations / pruritis / purpura)
Signs	HTN Mild Protinurea (less than 3.5 gm/d)	 Protinurea (more than 3.5 gm/d) Low serun albumin Dyslipidemia Hypercoagulability (loss of antithrombin III) Reduced immunity (loss of immunoglobulins 	- Manifestation of hypervolemia: 1) Congested neck viens 2) Headache 3) HTN 4) Pulmonary edema - In phase of Oligurira: hyperkalemia, hyponatremia Acidosis Uremia - Presence of pre-renal / postrenal disease	- Bleeding tendency - Renal Osteodystrophy - Anemia due to decrease erythropoiten - Hyperparathyroidism - Inactive Vit- D = Osteomalacia - Hypothyroidism - Inreased triglycerides - Muscle wasting - Presence of renal disease
Inv	Urine examination = Red blood cell casts Coca Cola like urine Blood examination = High ESR High Na , K Renal function test = Impaired glomeruli Investigation of the cause = eg ASO titre / Anti streptokinase	Urine examination = Hyaline and Lipid casts Proteinuria Blood examination = High ESR High cholestrol , TG , LDL Decreased Na , K , Ca	- Urine examination: - Fixed Specific Gravity (1010) - Muddy Brown Granular casts - Blood examination: - High PO4 + K + Urea + Creatinine - Low Na (dilutional) - Investigations of the cause - Angiography - Plain film of abdomen	 Urine exam: Mild Polyuria Fixed Specific Gravity High: Na (80%) / K in end stage / PO4 / H+ Ca is low then normal then high Renal function test: High urea and creatinine US: Shrunken Kidney
Treatment	 Diet HTN ttt Antibiotics as crystalline penicillin CORTISONE CONTRAINDICATED Dialysis in renal failure 	 Diet Diuretics for edema ACEI to decrease protienuria Antibiotic for repeated infection TTT of electrolyte imbalance Oral anticoagulants for hpercoagulability Salt free albumin in resisitant cases Dialysis in renl failure 	- Urinary catheter (assess urine) - Central venous catheter (assess blood) - Proper diet - Lasix for hypervolemia - HTN ttt - HF ttt - HyperK+ = NaHCO3 / Ca gluconate - Renal replacement therapy (Dialysis) - Renal biposy in severe ATN (cortical necrosis)	 Proper diet Symptomatic treatment Diaysis for Uremia and severe renal damage Renal transplantation may be required

CARDIAC CASES

Disease	Ischemic Heart disease	Myocardial Infarction (CCU Patient)	RHF	LHF
Symptoms	It may be asymptomatic or represent with picture of: 1) Angina 2) MI 3) HF 4) Arrythmia 5) Sudden death - Symptoms of Angina: Retrosternal Chest pain compressing / constricting in character, Radiates to left shoulder and inner side of left arm , It takes less than 15 minutes	 Chest Pain radiating to the epigastric area (never to umblicus) it is prolonged and not relieved by sublingual nitrates It can be painless in Elderly / Diabetic / Transplanted heart 	Main = Pericardial effusion / COPD / Obesity / Liver cirrhosis Symptoms of low cardiac output 'LHF' Symptoms of Systemic Congestion: 1) Insomina 2) Sweating 3) Edema of LL 4) Ascitis 5) Dyspepsia	Main = Dyspnea and Orthopnea Symptoms of low cardiac output: 1) Syncope / Headache 2) Cold peripherals 3) Oliguria 4) Fatigue 5) Intermittent Claudications Symptoms of pulmonary congestion: 1) Dyspnea 2) Exertional cough 3) Recurrent chest infection 4) Hemoptysis
Signs	 Pallor Tachypnea HTN Weak S1 S2 with reversed splitting Murmur of MR (due to papillary ms. dysfunction 	 Pallor , Sweaty , Fever , Nausea and Vomitin Pulse = Tachy in cardiogenic shock / Brady in neurogenic shock HTN then hypotension due to shock or LVF Congested neck viens in RV infarction 	Signs of low cardiac output 'LHF' Signs of Systemic Congestion: 1) Congested neck viens 2) Enlarged tender soft Liver 3) Pleural effusion 4) Malabsorption Signs of the cause: eg LSHF or pulmonary HTN Cardiac Signs: RV enlargment Tachycardia Gallop Murmur of functional TR	Signs of low cardiac output: 1) Ischemic Heart Disease 2) Low systolic bl pressure 3) Weak pulse Signs of pulmonary congestion: 1) Pulmonary edema 2) Bilateral basal crepitations Cardiac Signs: 1) LV enlargment 2) Tachycardia 3) Gallop and pulsus alternans
Inv	ECG = 1) Resting: ST segment depressed during attack and inverted T-wave 2) Exercise: will lead to typical angina pain Echo Cardiac scan by radioactive thallium 201 Coronary angiography Cardiac enzymes; Normal	ECG = 1) ST elevation in transmural infarction 2) Non ST-Elevation in subendocardial infarcton Echo = may detect complications as MR or aneurysm Cardiac scan Coronary angiography ESR increas Cardiac Enzyme: 1)CPK 2) CPK-MB 3) LDH 4) Troponin (most sensitive and specific)		nt / Pulmonary Congestion Ejection fraction

Treatment	 Nitrates B-blocker Ca-channel Blocker Coronary revascularization if no respond to ttt Sublingual nitroglycerine during the attack 	 Admission to CCU Morphine nd Nitroglycerine for pain Thrombolytic therapy beneficial within 12 hours eg Streptokinase (contraindicated in bleeding disorder or aortic dissection or pericarditis or sever HTN PTCA Cardiogenic and Neurogenic Shock Acute HF and Arrythmia Myocardial rupture Dry Pericarditis 	 Digitalis (Lasix / Thiazide) B-blocker (Metoprolol) Diuretics Vasodilators (Na nitroprusside / ACEI)
		7) Post infarction angina8) Aneurysm9) Thrombo-embolism	
D.D		 Aortic dissection Acute dry pericarditis Angina Pulmonary embolism 	

	ANGINA	HEART ATTACK
Pain in the chest area	Heaviness in chest	Deep pain in the chest
Pain radiates to jaw and neck	Yes	Yes
Duration	Lasts for 5-10 minutes	Lasts for longer (> 30 mins)
Triggers	Exertion, stress, temperature extremes	None
Relief with	Rest and Nitroglycerin	Very little relief with rest / Nitroglycerin. Morphine helps in pain relief

Stable Angina	Unstable Angina
Episodic	Severe and of New onset
Crescendo - Decrescendo	Crescendo pattern
Occurs on exertion, relieved by rest	Occurs at rest
Lasts 2-5 mins	Lasts > 10 min