

### Asthma

#### Definition

Airflow obstruction + bronchial hyperreactivity + airway inflammation

#### Strongest predisposing factor

Atopy (=immediate allergy): triad contains wheeze, eczema, seasonal rhinitis

#### Exacerbating factors

Allergens, URI, exercise, GERD, drugs (Bblockers, ACEi, ASA, NSAIDs), stress, cold air

#### Clinical features

cough, chest tightness, breathlessness, wheezing (all intermittent)

#### Airflow obstruction

FEV1/FVC < 75%

#### Diagnostic FEV1 value

>10% increase in FEV1 after bronchodilator therapy

#### Test to establish diagnosis

Histamine or metacholine test. FEV1 decrease >20% is diagnostic.

#### Medications

1) Quick relief medications (SABA) 2) Long-term control (corticosteroids, leukotriene modifiers, theophylline)

#### Asthma rescue med

SABA (albuterol)

#### Chronic management med

Inhaled corticosteroids

Buzzwords: Wheezing, prolonged expiration, airway edema with eosinophils, neutrophils, lymphocytes

### Cystic Fibrosis (CF)

#### Definition

An autosomal recessive disorder that results in abnormal production of mucus by almost all exocrine glands, and causes obstruction of those glands/ducts

#### Increase risk of these malignancies

GI, osteopenia, arthropathies

#### Median survival

31 years

#### Clinical features

Young patient with history of chronic lung disease, pancreatitis, or infertility

#### Symptoms

Cough, excess sputum, decreased exercise tolerance, sinus pain, purulent nasal discharge, steatorrhea, diarrhea, abdominal pain

#### Signs

clubbing, increased AP chest diameter, apical crackles

#### Diagnostic lab value

Elevated quantitative sweat chloride test (>60 mEq/L) on 2 different days

Buzzwords: Pediatric with Hx recurrent lung infections, pancreatitis, reproductive problems, FTT, sweat chloride test, Pseudomonas aeruginosa can cause PNA in these pts.



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### COPD

Syndrome made up of

emphysema + chronic bronchitis

Emphysema def.

Air spaces are enlarged as a consequence of destruction of alveolar septae

Chronic bronchitis def.

Characterized by a chronic cough that is productive of phlegm occurring on most days for 3 months of the year for 2+ consecutive years without another acute cause

Biggest cause

Smoking

Clinical features

SOB, cough, sputum, pursed-lip breathing, resonance to percussion, early inspiratory crackles, wheezing, prolonged expiratory phase

CXR findings

Hyperinflation of the lungs and a flat diaphragm

Treatment

Smoking cessation, anticholinergic inhalers (ipratropium>>SABA), oral abx (high risk of infx)

What is the only therapy that may alter the course of COPD in patients with resting hypoxemia PaO<sub>2</sub> <55 or SaO<sub>2</sub> <88%?

Supplemental oxygen\*

Check for this deficiency

alpha 1-antitrypsin

COPD Buzzwords: Smoker, DOE, cough

Emphysema Buzzwods: Hyperinflation on CXR, tear drop heart

Bronchitis Buzzwords: Smoker, chronic productive cough. NO hemoptysis, wt. loss.

### Bronchiectasis

Definition

Abnormal, permanent dilation of the bronchi and destruction of bronchial walls

Etiology

1) Congenital (CF) 2) Acquired from recurrent infx (TB, abscess) 3) Obstruction (tumor)

Clinical Features

chronic purulent sputum (?foul-smelling), hemoptysis, chronic cough, recurrent PNA

Imaging modality of choice

Chest CT --> dilated, tortuous airways

Treatment

Abx (amoxicillin, Augmentin, Bactrim) + bronchodilators + chest physiotherapy



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