Acute Bronchitis

Definition

> Inflammation of the airways (trachea, bronchi, bronchioles) characterized by cough

Etiology

> >90% viral (rhinovirus, coronavirus, RSV)

CXR will be ____ in acute bronchitis

> Negative

Treatment for acute bacterial bronchitis

> Second-generation cephalosporin (ie Ceftin)

When are antibiotics indicated in acute bronchitis

> Elderly, underlying cardiopulmonary disease, cough >7-10 days, immuno-compromised state

Acute epiglottitis

Definition

> A severe, life-threatening infection of the epiglottis*

Most common ages

> 2-7 yo

What has decreased the incidence in children

> Wide-spread administration of H. flu vaccine

Clinical findings

> Patients sit upright with necks extended, higher fever, reap. distress, drooling

Lateral neck radiograph finding

> Thumbprint sign

Treatment

> Secure airway + broadspectrum 2nd or 3rd generation cephalosporin (cefot-axime or ceftriaxone) x 7-10 days

Buzzwords: Drooling, sniffing position, tripod, toxic, thumbprint sign

Croup

Definition

> Viral laryngotracheo-bronchitis, affects kids 6mo-5yo

Most common cause

> Parainfluenza virus types 1 & 2

Clinical findings

> Harsh, barking, seal-like cough

PA neck film radiograph

> Steeple sign

Treatment

> Mild croup doesn't need treatment

Buzzwords: pediatric with barking cough, steeple sign, inspiratory stridor

Tuberculosis

Organism

> Mycoplasma tuberculosis-acquired by inhaling organisms within aerosol droplets expelled from coughing

Inactive TB most commonly found in

> Apices of lungs

Most common symptom

> Cough

Histologic hallmark

> Bx showing caveating granulomas

Tx for LTBI

> INH x 9 months

Tx for active TB

> INH/RIF/PZA/EMB x 2 months then INH/RIF x 4 months

Indurations greater than ___ should be treated aggresively

> 5mm

Buzzwords: Apical infiltrates, fever, chills, dry cough

Acute bronchiolitis

Definition

> Inflammation of the bronchioles (<2mm diameter), primarily in kids/infants

Most common organism

> RSV

Treatment

> Hospitalization + ribavirin + supportive measures

Pneumonia

Definition

> Inflammation in the alveoli of the lung caused by microorganisms

Most common cause of CAP

> Strep pneumo.

Clinical Features

> cough, sputum, SOB, pleuritic chest pain, sweats, rigors

Treatment-uncomplicated/outpatient

> Doxycycline, erythromycin, macrolides (azithromycin), fluoroquinolones

Treatment-inpatient (want to cover Legion-ella)

> Ceftriaxone/cefotaxime + azithromycin/or fluoroquinolone

Most common cause of atypical CAP

> Mycoplasma pneumo.

Treatment-atypical CAP

> erythromycin (Mycoplasma pneumo.) or tetracycline (Chlamydia)

Who is at highest risk for HAP?

> ICU patients on mechanical ventilation

Organism in ICU with worst prognosis

> Pseudomonas auroginosa

Most common opportunistic infection in patients with HIV

> Pneumocystis jiroveci

Treatment-HIV-related pneumonia

> Bactrim (trimethroprim/sulfa.)



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Pneumonia (cont)

When is prophylaxis recommended for HIV-pneumonia

> CD4<200

Clinical Scenario: >35yo with PNA. Rusty colored or yellow-green sputum. Acute onset F/C

> Strep. pneumonia

Clinical Scenario: <35 yo, college students. Fever, cough, +/- sputum, chills, muscle aches, Bullous myringitis

> Mycoplasma pneumonia

Clinical Scenario: PNA w/ Smokers, COPD

> H. influenza

Clinical Scenario: PNA w/ DM, immunocom-promised, EtOH. Currant color sputum.

> Klebsiella

Clinical Scenario: PNA w/ Water, late summer, construction site. Diarrhea. Toxic looking

> Legionella

Clinical Scenario: PNA from Nursing homes, chronic care facility. Purulent sputum

> Staphylococcus aureus

Clinical Scenario: PNA & HIV+, AIDS, Immunocompromised. Sx out of proportion to exam. Diffuse interstitial & alveolar infilt-rates

> Pneumocystis jerovecii; TMP-SMX = Drug of choice

Clinical Scenario: PNA & decreased mental status, poor dental hygiene, dentures, foul smelling sputum, bronchiectasis. Patchy infiltrates in dependant lung zones

> Aspiration pneumonia

Buzzwords: Fever, cough, sputum. Crackles, decreased breath sounds, dullness to percussion, +egophony, pector-iloquy. CXR – infiltrates or consolidation



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