Diagnostic procedures in respiratory diseases.

(Presentation of our department
It’s very nice to see you in our department. You will spend with us nine days...)

In our first lecture we would like to present you the diagnostic procedures in respiratory disease. You should remember the first steps in respiratory disease diagnostics we introduced last year.

Diagnostic procedures in respiratory diseases.

History

Physical examination

Diagnostics techniques

- noninvasive procedures:
  - radiographic procedures,
  - skin tests,
  - serologic tests,
  - sputum examination,
  - pulmonary function tests,
  - pulmonary scintigraphy

- invasive procedures:
  - bronchoscopy,
  - bronchography,
  - transtracheal needle aspiration biopsy,
  - catheter-brush needle aspiration biopsy
  - percutaneous needle aspiration biopsy,
  - bronchoalveolar lavage,
  - thoracentesis,
  - pleural biopsy,
  - thoracoscopy,
  - pulmonary and bronchial angiography,
  - mediastinoscopy and mediastinotomy,
  - lung biopsy.
How much do you bring up?
Do you have trouble getting it up?

**Haemoptysis**

**Pain**

**Social history**
- smoking,
- pets and hobbies (for many asthmatics cats and dogs are common sources of allergen, exposure to racing pigeons, parrots and other caged birds can cause extrinsic allergic alveolitis characterised by cough and breathlessness; the cause is protein material derived from feathers and droppings),
- occupation.

**Family history**

**Physical examination**

*View from the door* The physician is well advised to resist the temptation to rely on the stethoscope as the primary diagnostic tool of his trade. A moment’s reflection on the implications of the scenes viewed at the entrance to the patient’s room may predict, with surprising accuracy, what will be heard during auscultation.

**Diagnostics procedures:**

**Noninvasive procedures**

**Radiographic procedures**

There will be a place for that subject during the second part of the lectures of today. It’s very important to confirm that radiographic procedures have a very important place in respiratory diagnostics. One of the most important with histopathologic examinations.

**Skin tests**

One of the simplest, rather cheap diagnostic methods

Antigens are now available to assist in the diagnosis of tuberculosis, histoplasmosis, coccidioidomycosis, blastomycosis, trichinosis, toxoplasmosis, aspergillosis.

These tests vary with respect to sensitivity and cross-reactivity, and attention to good technique in performance and interpretation is very important.

A positive skin test indicates only that the antigen has a contact with the host; it does not, regardless of reaction intensity, imply active disease.
Disease of the respiratory tract accounts for more consultations with general practitioners than any other of the body system. It is also responsible for more new spells of incapacity for work and more days lost from work.

Respiratory disease is common in hospital practice. It accounts for about four per cent of all hospital admissions and about thirty five per cent of all acute medical admissions.

**History**

Clarification of the patients complaint is usually the first step in the successful interview. It’s very important to ask about the very important symptoms of respiratory disorders

**Cough**

**Dyspnea (shortness of breath)**
- difficulty in breathing
Is the breathlessness recent or has it been present for sometime?
Is it constant or does it come and go?
What can’t you do because of breathlessness?
What makes the breathing worse?
Does anything make it better?

Questions in asthma:
Does anything make any difference to the asthma?
What happens if you are worried or upset?
Does your chest wake you at night?
Does cigarette smoke may any difference?
Do household sprays affect you?
Have you lost time from work/school?
What happens when sweeping or dusting the house?
Does exposure to cats or dogs make any difference?

**Sputum**

What color is the phlegm?
How often do you bring it up?