

Difference Between Obstructive And Restrictive Lung Disease

The condition includes two related lung problems: chronic bronchitis and emphysema. Chronic bronchitis involves ongoing inflammation of the airways, causing excess mucus production, coughing, and chest discomfort. Emphysema involves damage to the small air sacs in the lungs, which reduces the lungs' ability to transfer oxygen into the bloodstream. Many people with COPD experience shortness of breath, persistent cough, wheezing, and reduced exercise tolerance. Symptoms can become more severe during acute flare-ups, which can be triggered by viral and bacterial infections and exposure to irritants. People with COPD generally display a combination of these symptoms, and are likely to have additional health issues... 64aeae034c The disease is believed to occur when there is susceptibility, or a lack of immune system resistance, to DPB-causing bacteria or viruses, caused by several genes that are found predominantly in individuals of East Asian descent. The highest incidence occurs among Japanese people, followed by Koreans. DPB occurs more often in males and usually begins around age 40. It was recognized as a distinct new disease in the early 1960s and was formally named diffuse panbronchiolitis in 1969. 64aeae034c

Hypersensitivity pneumonitis Hypersensitivity pneumonitis may eventually lead to interstitial lung disease. Hypersensitivity pneumonitis may eventually lead to interstitial lung disease. airways (bronchioles) within the lung. Common antigens include molds, bacteria, bird droppings, bird feathers, agricultural dusts, bioaerosols and chemicals from paints or plastics. Hypersensitivity pneumonitis (HP) Hypersensitivity pneumonitis (HP) or extrinsic allergic alveolitis (EAA) is a syndrome caused by the repetitive inhalation of antigens from the environment in susceptible or sensitized people. People affected by this type of lung inflammation (pneumonitis) are commonly exposed to the antigens by their occupations, hobbies, the environment and animals. The inhaled antigens produce a hypersensitivity immune reaction causing inflammation of the airspaces (alveoli) and small airways (bronchioles) within the lung 64aeae034c

If left untreated, DPB progresses to bronchiectasis, an irreversible lung condition that involves enlargement of the bronchioles, and pooling...
A normal adult has a vital capacity between 3 and 5 litres. A human's vital capacity depends on age, sex, height, mass, and possibly ethnicity. However, the dependence on ethnicity is poorly understood or defined, as it was first established by studying black slaves in the 19th century and may be the result of conflation with environmental factors.

Pneumothorax In a minority of cases, a one-way valve is formed by an area of damaged tissue, in which case the air pressure in the space between chest wall and lungs can be higher; this has been historically referred to as a tension pneumothorax, although its existence among spontaneous episodes is a matter of debate. worsening oxygen shortage and low blood pressure, leading to a potentially-fatal obstructive shock unless reversed. It is often called a "collapsed lung", although that term may also refer to atelectasis. Very rarely, both lungs may be affected by a pneumothorax. Very rarely, both lungs may be affected by A pneumothorax is collection of air in the pleural space between the lung and the chest wall. This can cause a steadily worsening oxygen shortage and low blood pressure, leading to a potentially-fatal obstructive shock unless reversed. Symptoms typically include sudden onset of sharp, one-sided chest pain and shortness of breath

== Signs and symptoms == This test involves measuring the partial pressure difference between inspired and expired carbon monoxide. It relies on the strong affinity and large absorption capacity of red blood cells for carbon monoxide and thus demonstrates gas uptake by the capillaries that are less dependent on cardiac output. The measurement of DLCO is affected by atmospheric pressure and/or altitude and correction factors can be calculated using the method recommended by the American Thoracic Society. Expected DLCO is also affected by the amount of hemoglobin, carboxyhemoglobin, age and sex. The correction for hemoglobin is based on the method of Cotes as recommended by the American Thoracic Society.

Diffuse panbronchiolitis The term diffuse signifies that lesions appear throughout both lungs, while panbronchiolitis refers to inflammation found in all layers of the respiratory bronchioles (those involved in gas exchange). It is a severe, progressive form of bronchiolitis, an inflammatory condition of the bronchioles (small air passages in the

lungs). DPB causes severe inflammation and nodule-like lesions of terminal bronchioles, chronic sinusitis, and intense coughing with large amounts of sputum production. Between 1978 and 1980, the results of a nationwide survey Diffuse panbronchiolitis (DPB) is an inflammatory lung disease of unknown cause. chronic bronchitis, emphysema, alveolitis, and other obstructive lung disease with inflammation 64aeae034c

Lung volumes and lung capacities refer to the volume of air associated with different phases of the respiratory cycle. Lung volumes are directly measured, whereas lung capacities... 64aeae034c Black lung disease develops after the initial, milder form of the disease known as anthracosis (from the Greek ἄνθραξ, or ánthrax - coal, carbon). This is often asymptomatic and is found to at least some extent in all urban dwellers due to air pollution. Prolonged exposure to large amounts of coal dust can result in more serious forms of the disease, simple coal workers' pneumoconiosis and complicated coal workers' pneumoconiosis (or progressive massive fibrosis, PMF). More commonly, workers exposed to coal dust develop industrial bronchitis, clinically defined as chronic bronchitis (i.e. a productive cough for three months per... 64aeae034c

Spirometry asthma to diagnose and differentiate between obstructive lung disease and restrictive lung disease to follow the natural history of disease in respiratory Spirometry (meaning the measuring of breath) is the most common of the pulmonary function tests (PFTs). It is also helpful as part of a system of health surveillance, in which breathing patterns are measured over time. It measures lung function, specifically the amount (volume) and/or speed (flow) of air that can be inhaled and exhaled. Spirometry is helpful in assessing breathing patterns that identify conditions such as asthma, pulmonary fibrosis, cystic fibrosis, and COPD 64aeae034c

Vital capacity differentiate causes of lung disease. It is equal to the sum of inspiratory reserve volume, tidal volume, and expiratory reserve volume. It is approximately equal to Forced Vital Capacity (FVC). In restrictive lung disease the vital capacity is decreased. In obstructive lung disease it is usually normal or Vital capacity (VC) is the maximum amount of air a person can expel from the lungs after a maximum inhalation 64aeae034c

Pulmonary function testing is a diagnostic and management tool used for a variety of reasons, such as: 64aeae034c Environmental exposures have been associated with an increased susceptibility to acute respiratory distress syndrome (ARDS). Chronic exposure to ambient air pollution,

such as fine particulate matter... 64aeae034c

Black lung disease Inhaled coal dust progressively builds up in the lungs and leads to inflammation, fibrosis, and in worse cases, necrosis. It is similar to both silicosis from inhaling silica dust and asbestosis from inhaling asbestos dust. It is common in coal miners and others who work with coal. Black lung disease (BLD), also known as coal workers' pneumoconiosis, coal miner's lung, or simply black lung, is an occupational type of pneumoconiosis Black lung disease (BLD), also known as coal workers' pneumoconiosis, coal miner's lung, or simply black lung, is an occupational type of pneumoconiosis caused by long-term inhalation and deposition of coal dust in the lungs and the consequent lung tissue's reaction to its presence 64aeae034c

Diffusing capacity for carbon monoxide Restrictive lung disease or lung resection (partial or total). g. It was introduced in 1909. Decrease of total lung area, e. Commonly, it refers to the test used to determine this parameter. Chronic obstructive pulmonary disease (Emphysema) due to DLCO or TLCO (diffusing capacity or transfer factor of the lung for carbon monoxide (CO),) is the extent to which oxygen passes from the air sacs of the lungs into the blood 64aeae034c

Spirometry generates volume-time curves and also flow-volume loops, which are charts that plot the volume and flow of air coming in and out of the lungs from one inhalation and one exhalation. 64aeae034c

Acute respiratory distress syndrome For those who survive, a decreased quality of life is common. substantial, particularly in people with obstructive lung disease such as asthma or chronic obstructive pulmonary disease (COPD). Symptoms include shortness of breath (dyspnea), rapid breathing (tachypnea), and bluish skin coloration (cyanosis). iPEEP has been measured in Acute respiratory distress syndrome (ARDS) is a type of respiratory failure characterized by rapid onset of widespread inflammation in the lungs 64aeae034c

Chronic obstructive pulmonary disease obstructive pulmonary disease (COPD) is a long-term lung condition that makes it progressively harder to breathe. It occurs when the airways and lung Chronic obstructive pulmonary disease (COPD) is a long-term lung condition that makes it progressively harder to breathe. COPD develops gradually over time, and while it cannot currently be cured, treatments and lifestyle changes can help control symptoms and slow disease progression. It occurs when the

airways and lung tissue become damaged, leading to reduced airflow and reduced efficiency of oxygen exchange in the lungs. Early diagnosis and prompt treatment are recommended

Hypersensitivity pneumonitis (HP) can be categorized as acute, subacute, and chronic based on the duration of the illness. Causes may include sepsis, pancreatitis, trauma, pneumonia, and aspiration. The underlying mechanism involves diffuse injury to cells which form the barrier of the microscopic air sacs of the lungs, surfactant dysfunction, activation of the immune system, and dysfunction of the body's regulation of blood clotting. In effect, ARDS impairs the lungs' ability to exchange oxygen and carbon dioxide. Adult diagnosis is based on a $\text{PaO}_2/\text{FiO}_2$ ratio (ratio of partial pressure arterial oxygen and fraction of inspired oxygen) of less than 300 mm Hg despite a positive end-expiratory pressure (PEEP) of more than 5 cm H₂O. Cardiogenic pulmonary edema, as the cause, must be excluded.

Pulmonary function testing PFTs are normally performed by a pulmonary function technologist, respiratory therapist, respiratory physiologist, physiotherapist, pulmonologist, or general practitioner. The primary purpose of pulmonary function testing is to identify the severity of pulmonary impairment. Pulmonary function testing has diagnostic and therapeutic roles and helps clinicians answer some general questions about patients with lung disease. is a fast and safe tool in the evaluation of both restrictive and obstructive lung disease. [citation needed] When a patient has an obstructive defect, a Pulmonary function testing (PFT) is a complete evaluation of the respiratory system including patient history, physical examinations, and tests of pulmonary function

== Indications == Testing == Mechanism == A person's vital capacity can be measured by a wet or regular spirometer. In combination with other physiological measurements, the vital capacity can help make a diagnosis of underlying lung disease. Furthermore, the vital capacity is used to determine the severity of respiratory muscle involvement in neuromuscular disease, and can guide treatment decisions in Guillain-Barré syndrome and myasthenic crisis. A primary spontaneous pneumothorax is one that occurs without an apparent cause and in the absence of significant lung disease. Its occurrence is fundamentally a nuisance. A secondary spontaneous pneumothorax occurs in the presence of existing lung disease. Smoking increases the risk of primary spontaneous

pneumothorax, while the main underlying causes for secondary pneumothorax are COPD, asthma, and tuberculosis... 64aeae034c

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