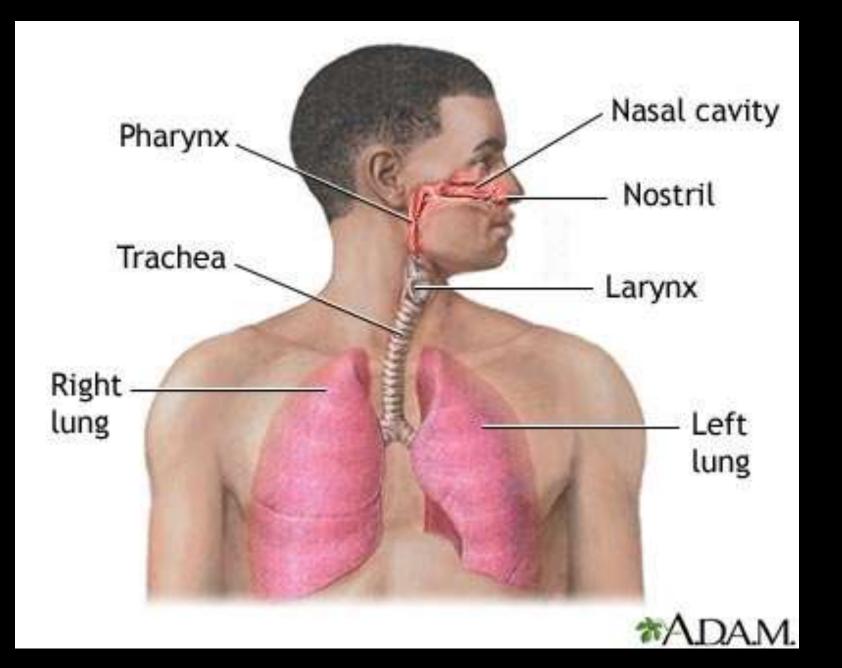
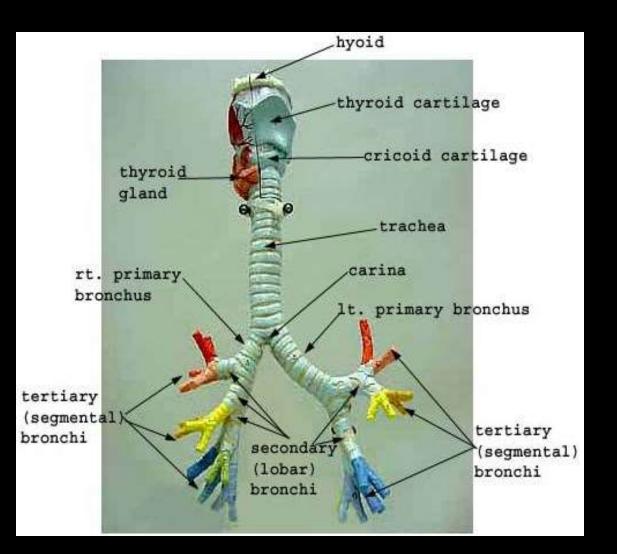
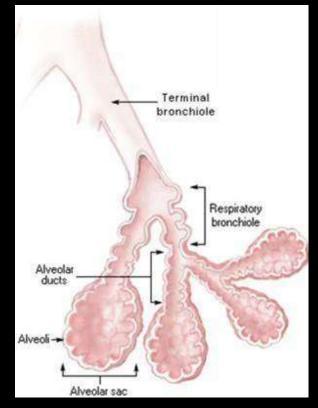
Respiratory System

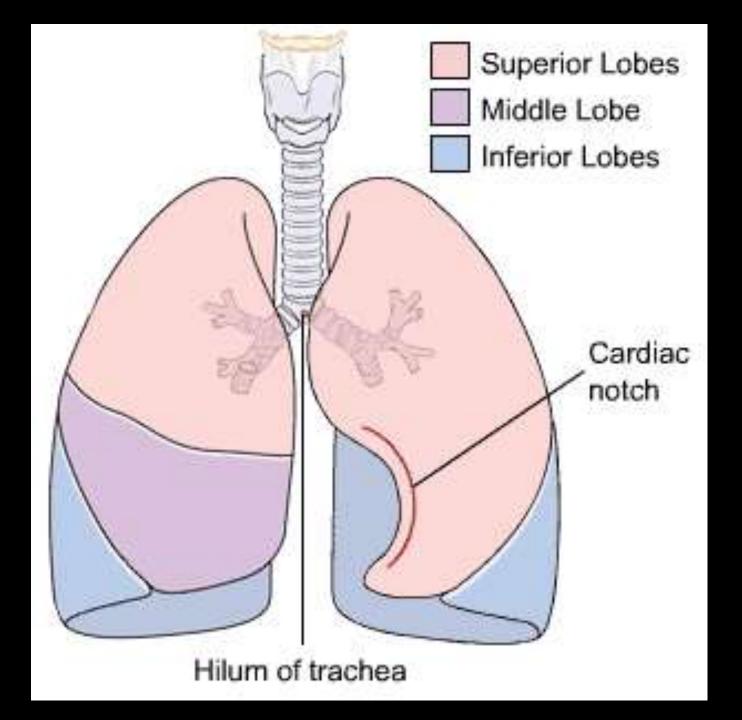
Anatomy

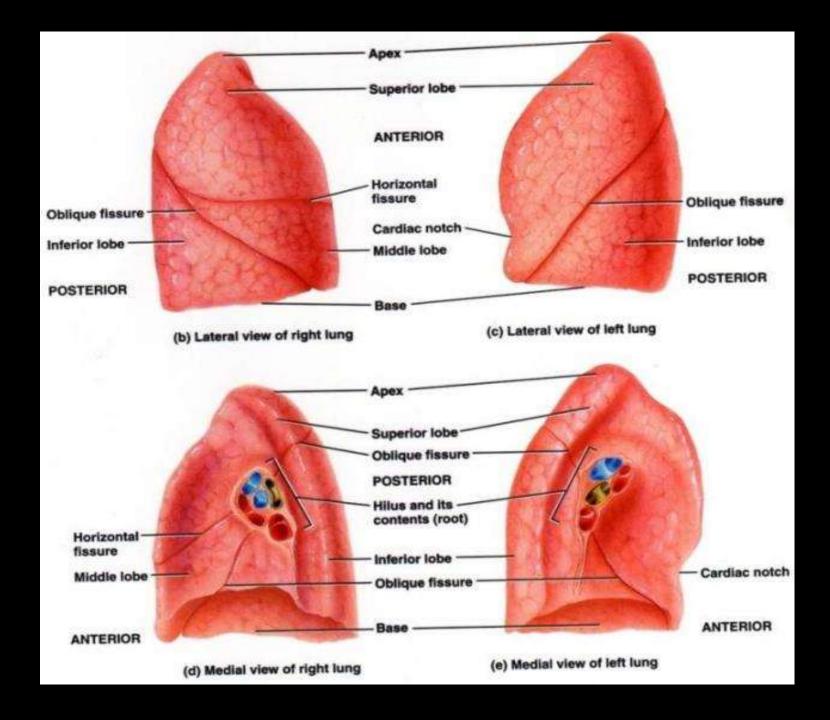
 The respiratory system starts from the nose, mouth, larynx, trachea, and the two lungs.











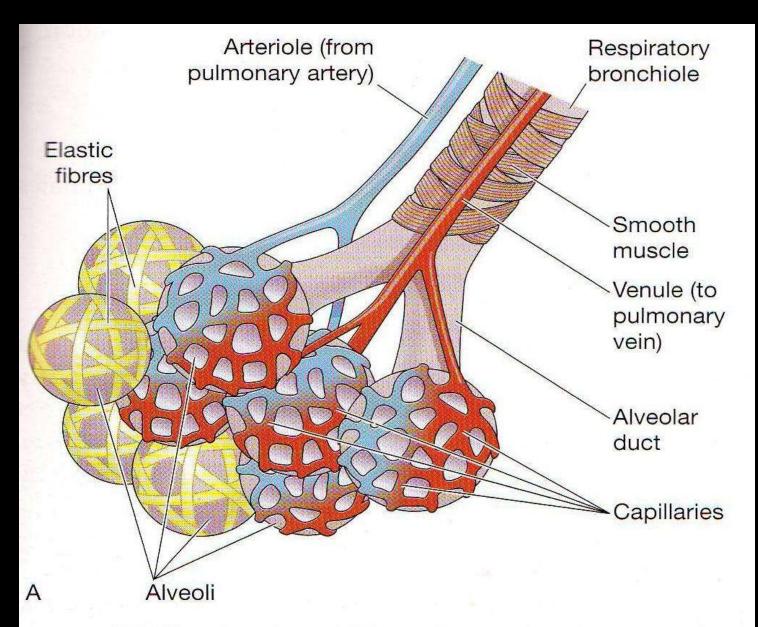
- Within the lungs, the bronchi transport air with oxygen to the alveoli on inspiration and carry waste gases (e.g. carbon dioxide) away on expiration.
- The acinus is the gas exchange unit of the lung and consists of branching respiratory bronchioles leading to clusters of alveoli.
- Alveoli are tiny air sacs lined by flattened epithelial cells and covered in capillaries where gas exchanges occur

 The alveoli and capillaries have extremely thin walls and come into very close contact (the alveolar capillary membrane) so gases can rapidly diffuse between them.

 There are approximately 300 million alveoli in each lung for gas exchange with a total surface area of 40-80 meter square. The lungs has two blood supplies(Dual):

1) the bronchial arteries which arise from the aorta and supply oxygenated blood to the bronchial walls.

2) The pulmonary arteries which deliver deoxygenated blood to the capillaries surrounding the alveoli



The alveolus and its capillary network.

- 1) Cough
- 2) Sputum production
- 3) Hemoptysis
- 4) Chest pain
- 5) Breathlessness

1)Cough:

- Is a forced expulsive maneuver against an initially closed glottis. Causing characteristic sound.
- Can be acute (less than 3 weeks) or chronic (more then 8 weeks)

 The most common cause is acute viral infections of the upper airway system

- Cough (features)
- Prolonged wheezy coughing: asthma, COPD.

- Feeble non-explosive (bovine): lung cancer (paralysis of vocal cords), neuro-msucular disease causing respiratory muscle weakness

- Moist cough: secretions from infection, bronchiectasis, chronic bronchitis.
- Noctunral cough: asthma

Cough (causes)

Acute:

Viral respiratory tract infection Bronchitis Inhaled foreign body Inhalation of irritant

dusts or fumes

Acute extrinsic

allergic alveolitis

Pneumonia

Chronic

Gastroesophageal reflux disease (GERD)

Asthma

Post bronchial hyper-activity

Rhinitis/sinusitis

Cigarette smoking

Drugs, ACE inhibitors

Irritant dusts/fumes

Lung tumors

TB, Interstitial lung disease

Bronchiectasis

2) sputum production

- Amount
- Color
- Taste or smell

Examples:

- COPD and chronic bronchitis: clear mucoid sputum if there is no infection
- Lower respiratory tract infection: yellowish sputum (presence of live neutrophils)
- Asthma: yellowish sputum (eosinophils)
- Bronchiectasis: large volumes of purulent sputum varying with posture
- Pulmonary edema: watery sputum with a pink tinge

3) Hemoptysis

- Amount and appearance
- Duration and frequency
 - intermittent with recurrent infections over years: bronchiectasis
 - Daily for a short periods (weeks) lung cancer, TB, abscess
 - Single episodes with chest pain: pulmonary infarction.

Hemoptysis (causes)

- Infection:

Bronchiectasis, Tuberculosis, lung abscess, cystic fibrosis

- Tumours:

Lung cancer, endobronchial metastasis, bronchial carcinoid.

- Vascular:

Pulmonary infarction, arteriovenous malformation

Vasculitis:

- Trauma:

Foreign body, iatrogenic

Hemoptysis (causes)

Cardiac:

Mitral Valve disease, acute left ventricular failure

Hematological:

Bleeding tendencies, anticoagulation

4) Chest pain:

- Pleural chest pain
- Chest wall pain
- Mediastinal chest pain

Pleural chest pain

- Is a sharp, stabbing pain and is identified by inspiration or coughing caused by irritation of the parietal pleura.
- Causes:

Infection: pneumonia(involving pleura),bronchiectasis)

Pneumothorax
Pulmonary infarction
Connective tissue disease

Chest wall pain

Causes:

Chornic cough/breathlessness

Muscular pain

Rib fractures

Bony metastasis

Thoracis shingles (herpes zoster)

Mediastinal chest pain

- Mediastinal chest pain is central, retrosternal and unrelated to respiration or cough.
- Causes:

Massive pulmonary embolism
Acute myocardial infarction
Aortic dissection
Infection, irritant dusts
Eshophagitis
Mediastinitis
Lymphadenopathy

5) Breathlessness

- Shortness of breath, difficulty getting enough air.
- Mode of onset
- Minutes: pulmonary thromboembolism, pneumothorax, asthma, inhaled forein body
- ☐ Hours to days: pneumonia, asthma.
- Weeks to months: Anemia, Pleural effuion, neruomuscular disease.
- Months to years: COPD, pulmonary fibrosis, TB, Heart failure.

Breathlessness

Causes:

Non cardio-respiratory:

Anemia, Obesity, Psychogenic, Metabolic acidosis.

Cardiac:

Heart failure, mitral valve disease, pericarditis, pericaridal effusion

Respiratory:

Foreign body, Ashtma, COPD, Bronchiectasis, Lung cancer, pulomnary fibrosis, Pneumonia, Tuberculosis, pulmonary thromboembolism, pulmonary hypertension, pneumothorax, kyphoscholiosis.

Neumuscular disease.

will see you soon next year

Thank you