

Symptomatology in pulmonology



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Most common signs & symptoms of respiratory tract diseases

- cough
- adventitious breathing sounds
- dyspnoe
- haemoptysis
- chest pain

COUGH

Cough

- Defensive reflex
- It's job – clear the airways from, mucus, foreign bodies etc.
- Cough receptors – posterior wall of the throat, larynx, tracheal and bronchial wall.
- Symptom, not an illness!



Cough classification

By duration

- British Thoracic Society:
 - **acute** (less than 3 weeks)
 - **subacute** (3–8 weeks)
 - **chronic** (more than 8 weeks)
- Australian and American College Chest Physicians
 - acute (less than 4 weeks)
 - chronic (more than 4 weeks)

Cough classification

- **recurrent** (lasting 7-14 days, non-related with infection, appearing a least 2/year)
- **post-infectious cough** (related to infection, lasting 3-8 weeks)

Cough classification

By cough type

- **dry**
- **productive**
- **barky**
- **with dyspnea and/or stridor**

Acute cough - causes

- **Infections of respiratory tract**
- *rhinovirus, adenovirus, coronavirus, influenza and parainfluenza virus, RS virus*
- *bacteria (Str. pneumoniae, H. influenzae, M. and Chl.pneumoniae)*
- *Less common causes – i.e. B.pertussis*

Acute cough – other causes

- foreign body aspiration
- pneumothorax
- allergic reaction

Subacute cough

- Post-nasal drip syndrome
- Enlarged adenoid tissue
- Recurrent URT infections

Chronic cough

- Infection
 - Recurring URT infections
 - Bacterial infection
 - TB
- Asthma (dry, not related to infection, co-presented with dyspnea, seasonal symptoms, normal chest x-ray, wheezes on auscultation)
- GER/GERD

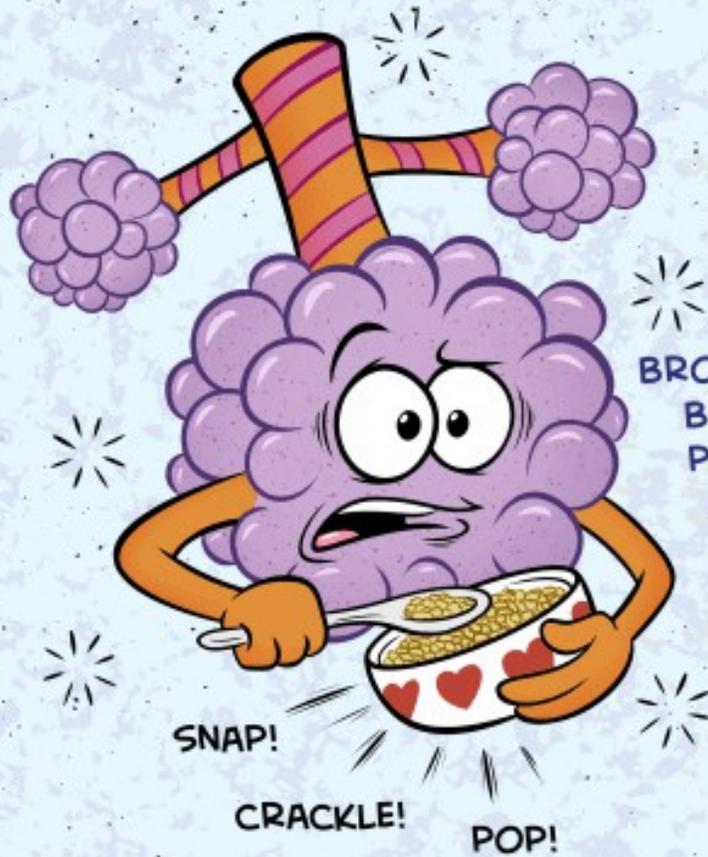
Chronic cough

- CF
- PCD
- ILD
- malignant lesion
- cardiovascular disorders

ADVENTITIOUS BREATHING SOUNDS

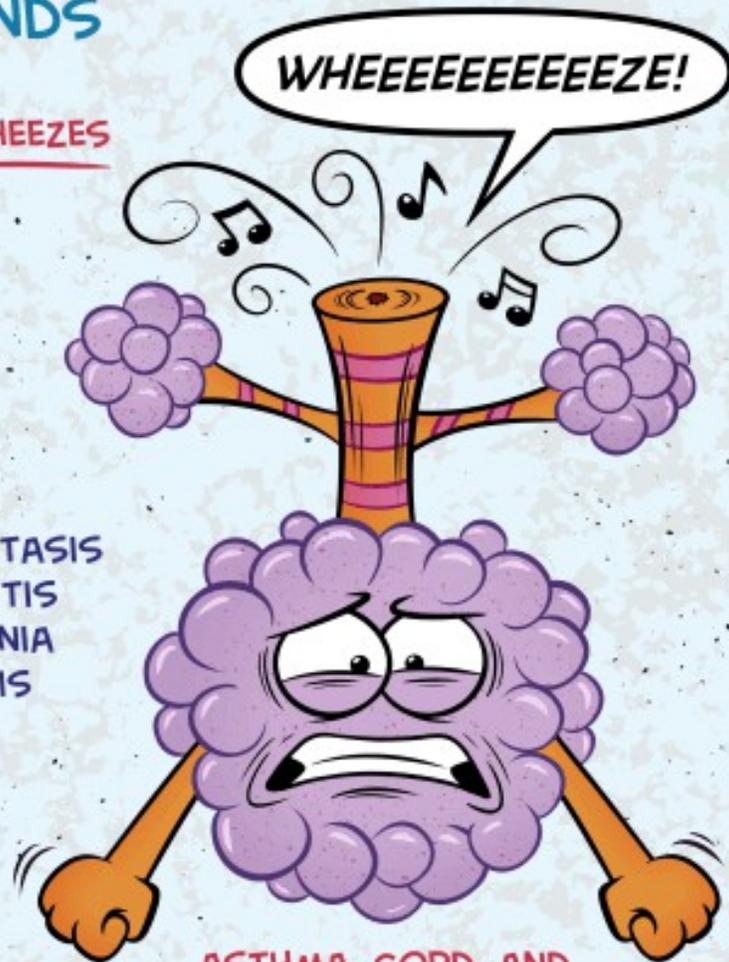
ADVENTITIOUS BREATH SOUNDS

CRACKLES (RALES)



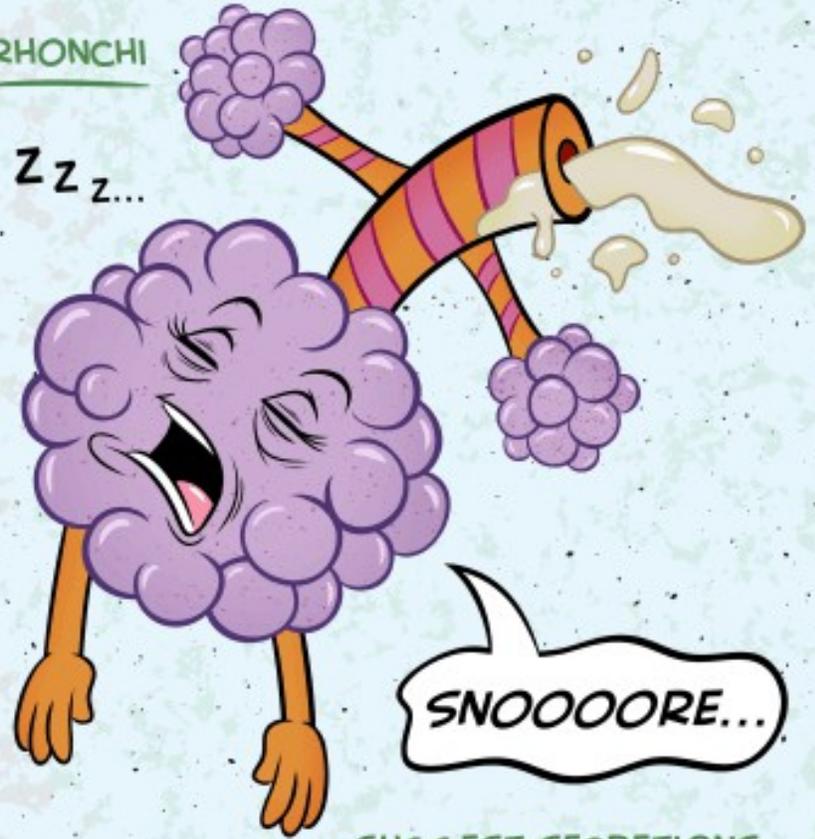
BRONCHIECTASIS
BRONCHITIS
PNEUMONIA
FIBROSIS
CHF

WHEEZES



ASTHMA, COPD, AND
OTHER CAUSES OF AIRWAY OBSTRUCTION

RHONCHI



SUGGEST SECRETIONS
IN THE LARGE AIRWAYS

..... DISCONTINUOUS

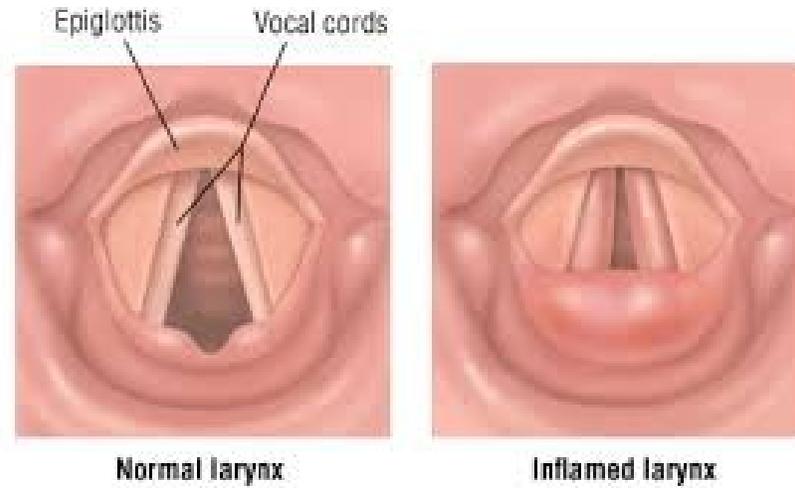
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Types of wheezes

- **Stridor** – on inspiration– problem in the upper airways
- **Wheezes** – on expiration – narrowing of the bronchi.
- **Sometimes both are present!**

Stridor - causes

- Viral infection – croup
- Bacterial – epiglottitis



DYSPNOE

Dyspnoe

subjective vs. objective

newborn and infant:

- accessory breathing muscles involvement,
- grunting,
- tachypnoe,
- difficulties feeding,
- cyanosis

Dyspnoe

older children:

- tachypne
- ortopnoe
- accessory breathing muscles involvment
- difficulties speaking (speaks in words instead of full sentences)
- tachycardia
- cyanosis

Dyspnoe - classification

- on inspiration
 - Typically upper respiratory tract, co-existing with stridor
- on expiration
 - Typically lower respiratory tract, co-existing with wheezes
- can be on both

acute dyspnoe - causes

- asthma
- pneumothorax
- anafilactic shock
- trauma
- heart failure
- foreign body aspiration

Chronic dyspnoe - causes

- chronic lung diseases
- cardiovascular diseases
- pressure from abdominal cavity
- chest wall deformations
- anaemia
- neuromuscular disorders

HAEMOPTYSIS

Haemoptysis

- true haemoptysis– source in respiratory tract
- supposed – source not in respiratory tract

CHEST PAIN

Chest pain in children and adolescent

- Usually non-heart related
- Most common causes:
 - Muscles (chest wall)
 - Co-existing with RTI's (excessive cough) or GTI's (excessive vomiting)
- For differential diagnosis:
 - Chest X-ray
 - ECG

Chest pain – causes in respiratory tract

- tracheitis, bronchitis, pneumonia, pulmonary effusion
- pneumothorax
- pulmonary embolism
- asthma exacerbation
- foreign body aspiration

Q&A