SYLLABUS THEME 8.2 – RESPIRATORY SYSTEM

DEFINE THE FOLLOWING TERMS: (some will be revision from previous worksheet)

- Rhinorrhoea
- Epstaxis
- Haemoptysis
- Cyanosis
- Dyspnoea
- Tachypnoea

Laryngo-

- Expectoration
- Lung collapse
- Clubbing
- Asthma
- Pleural affusion
- Atelectasis

- Respiratory failure
- Spontaneous pneumothorax
- Consolidation
- Pulmonary fibrosis
- Opportunistic infections
- Lung abscess

PREFIXES/SUFFIXES: (some will be revision from previous worksheet)

• Rhino

- Tracheo-
- · Broncho-

- Pneumono-, pneumato-
- -pnoea

Please add new terminologies to list as discovered...

At the end of this learning area, you should be able to:

- DESCRIBE the anatomic components of the respiratory system.
- DISTINGUISH between the results obtained and uses for the various projections of the chest.
- DESCRIBE the various types of tubes, vascular access lines, and catheters used in relation to the respiratory system.
- IDENTIFY the pathogenesis of the chest pathologies and the typical treatments for them.
- DESCRIBE, in general, the radiographic appearances of each of the given pathologies.
- RECOGNISE and EXPLAIN the patterns/steps required to evaluate normal and abnormal chest images (viewing practicals)

ANATOMY & PHYSIOLOGY OF THE RESPIRATORY SYSTEM:

Please REVIEW the anatomy and physiology of the respiratory system. This is very necessary to fully appreciate the pathologies that may present in this system. Some guidelines:

- Composition of the upper respiratory system
- Composition of the lower respiratory system
- Organs of the system that have other functions eg. Voice production in larynx
- Role of other systems on respiratory changes CVS, etc.

EVALUATE the role of imaging in the respiratory system, with respect to the following:

- Plain film/image radiography
 - Exposure factor considerations
 - Patient positioning and projections
 - Evaluation criteria and Patterns for viewing CXRs
- Contrast radiography bronchography
- Computed Tomography (CT)
- Nuclear Medicine (NM) Procedures

Chest tubes, vascular access lines and Catheters – (Mace & Kowalczyk,

2004, Radiographic Pathology for Technologists, pg 67.)

"a variety of tubes, lines & catheters can be placed in relation to particular parts of the respiratory system, it is important... to be familiar with each of these and exercise caution"...when x-raying patients in critical care radiography.

IDENTIFY and DESCRIBE the keys tubes, lines and catheters and their importance.

Categories of chest diseases:

- Respiratory Failure
- Congenital and Hereditary Dx
- o Inflammatory Dx
- Neoplastic Dx
- Vascular Dx
- Occupational Dx
- o Dx of the Pleura

When working through each of these diseases, **DESCRIBE/EXPLAIN each, in terms of:**

- Aetiology
- Incidence/prevalence
- Clinical presentations
- Pathological manifestations
- Image characteristics appearances

USE clearly labelled diagrams where necessary.

Respiratory Failure:

"...lack of respiratory function or lack of O_2 and CO_2 exchange, which can occur within the lungs or as a result of impaired breathing." **EXPLAIN this condition and DESCRIBE its radiographic appearances**.

Congenital and Hereditary diseases:

Lungs - Cystic fibrosis and Respiratory Distress Syndrome (RDS) or Hyaline membrane disease. DESCRIBE/EXPLAIN these disorders.

These conditions are acquired in adults also. EXPLAIN **ARDS** and **Pulmonary Fibrosis** (Honeycomb Lung).

Inflammatory/Infective diseases:

Various inflammatory or infective conditions affect the upper and lower respiratory system.

Upper respiratory system: Croup Epiglottitis Sinusitis Lower respiratory system:

Inflammatory Dx:

- o Bronchial Asthma
- Bronchiectasis
- o Pneumonia
- o Pulmonary TB
- Lung Abscess
- o Fungal & Viral Infections
- o COPD

DESCRIBE/EXPLAIN the various infective disorders.

Neoplastic diseases:

These may occur in any part of respiratory system and include the following:

Mesothelioma of the pleura

Bronchial Adenoma

Bronchiogenic Carcinoma

Pulmonary metastases

DESCRIBE/EXPLAIN these neoplastic conditions.

Vascular Dx of the Lungs:

Pulmonary embolism is a very serious consequence of disorders in the cardiovascular system and is dependent on size of detached fragment of thrombus which becomes arrested within the pulmonary circulation → severity extending form a **pulmonary infarct** to death.

Pulmonary oedema is another consequence of cardiovascular disorders.

Briefly EXPLAIN/DESCRIBE these conditions.

Other vascular related conditions include:

- · Pulmonary oedema
- Pulmonary hypertension
- · Pulmonary vasculitis

EXPLAIN each type.

Occupational diseases:

A group of pulmonary diseases caused by inhalation of harmful dusts – in the course of sufferer's daily work. Those produced by mineral dusts → pneumoconiosis:

3 important types:

- o Coal workers' pneumoconiosis
- Silicosis
- o Asbestosis

DESCRIBE and **EXPLAIN** each type.

Traumatic Disorders:

The lungs may be damaged by both penetrating & non-penetrating chest injuries. Chest injuries may lead to lung contusion or a haematoma. Sometimes a laceration of the pleura & lung tissue may lead to a pneumo- and/or haemo- thorax, usually associated with rib fractures. Multiple rib fractures may result in deformity — "stove-in-chest" or flail chest.

Development of pneumothorax \rightarrow leakage of air into soft tissues causing surgical emphysema.

DESCRIBE these traumatic disorders (in bold), USING labelled diagrams (where necessary).

Dx of the Pleura:

Several conditions affect the pleura and pleural space. These include:

Pleurisy

Pleural effusion

Pneumothorax/Haemothorax/Hydrothorax – see above.

Tumour - mesothelioma

EXPLAIN each of these conditions.