PATHOLOGY

Diagnostic Terms:

Auscultation-Listening to sounds within the body

Percussion-Tapping on a surface to determine the difference in the density of the underlying structure

Pleural Rub-Scratchy sound produced by pleural surfaces rubbing against each other.

Rales (crackles)-Fine crackling sounds heard on auscultation (during inhalation) when there is fluid in the alveoli.

Rhonchi (singular: rhonchus)-Loud rumbling sounds heard on auscultation of bronchi obstructed by sputum.

Sputum-Material expelled from the bronchi, lungs, or upper respiratory tract by spitting

Stridor-Strained, high-pitched sound heard on inspiration caused by obstruction in the pharynx or larynx.

Wheezes-Continuous high-pitched whistling sounds produced during breathing

UPPER RESPIRATORY DISORDERS:

Croup-Acute viral infection of infants and children with obstruction of the larynx, accompanied by barking cough and stridor. The most common causative agents are influenza viruses or respiratory syncytial virus (RSV).

Diphtheria-Acute infection of the throat and upper respiratory tract caused by the diphtheria bacterium (Corynebacterium).

Inflammation occurs, and a leathery, opaque membrane (Greek diphthera, leather membrane) forms in the pharynx andtrachea. Immunity to diphtheria (by production of antibodies) is induced by the administration of weakened toxins (antigens) beginning between the sixth and eighth weeks of life. These injections usually are given as combination vaccines with pertussis and tetanus toxins and so are called DPT injections.

Epistaxis-Nosebleed.

Epistaxis is a Greek word meaning a dropping. It commonly results from irritation of nasal mucous membranes, trauma, vitamin K deficiency, clotting abnormalities, blood-thinning medications (such as aspirin and warfarin), or hypertension. **Pertussis** -Whooping cough; highly contagious bacterial infection of the pharynx, larynx, and trachea caused by Bordetella partussis.

Pertussis is characterized by paroxysmal (violent, sudden) spasms of coughing that ends in a loud "whooping" inspiration.

BRONCHIAL DISORDERS

Asthma-Chronic bronchial inflammatory disorder with airway obstruction due to bronchial edema and constriction and increased mucus production

Bronchiectasis-Chronic dilation of a bronchus, usually secondary to infection

Chronic Bronchitis-Inflammation of bronchi persisting over a long time; type of chronic obstructive pulmonary disease (COPD)

Cystic Fibrosis (CF)-Inherited disorder of exocrine glands resulting in thick mucinous secretions in the respiratory tract that do not drain normally

LUNG DISORDERS

Atelectasis-Collapsed lung; incomplete expansion of alveoli

Emphysema-Hyperinflation of air sacs with destruction of alveolar walls

Lung Cancer-Malignant tumor arising from the lungs and bronchi

Pneumoconiosis-Abnormal condition caused by dust in the lungs, with chronic inflammation, infection, and bronchitis

Pneumonia-Acute inflammation and infection of alveoli, which fill with pus or products of the inflammatory reaction

Pulmonary Abscess-Large collection of pus (bacterial infection) in the lungs.

Pulmonary Edema-Fluid in the air sacs and bronchioles.

Pulmonary Embolism (PE)-Clot or other material lodges in vessels of the lung

Pulmonary Fibrosis-Formation of scar tissue in the connective tissue of the lungs

Sarcoidosis-Chronic inflammatory disease in which small nodules (granulomas) develop in lungs, lymph nodes, and other organs

Tuberculosis (TB)-Infectious disease caused by Mycobacterium tuberculosis; lungs usually are involved, but any organ in the body may be affected

PLEURAL DISORDERS

Mesothelioma-Rare malignant tumor arising in the pleura

Pleural Effusion-Abnormal accumulation of fluid in the pleural space (cavity)

Pleurisy (Pleuritis)-Inflammation of the pleura

Pneumothorax-Collection of air in the pleural space

X-RAYS

Chest X-Ray (CXR)-Radiographic image of the thoracic cavity (chest film)

Computed Tomography (CT) Scan of the Chest-Computer-generated series of x-ray images show thoracic structures in cross section and other planes

MAGNETIC RESONANCE IMAGING

Magnetic Resonance Imaging (MRI) of the Chest-Magnetic waves create detailed images of the chest in frontal, lateral (sagittal), and cross-sectional (axial) planes
NUCLEAR MEDICINE TEST Positron Emission Tomography (PET) Scan of the Lung-Radioactive glucose is injected, and images reveal metabolic activity in the lungs
Ventilation-Perfusion (V/Q) Scan-Detection device records radioactivity in the lung after intravenous injection of a
radioisotope and inhalation of a small amount of radioactive gas (xenon)
OTHER PROCEDURES
Bronchoscopy-Fiberoptic endoscope examination of the bronchial tubes
Endotracheal Intubation -Placement of a tube through the mouth into the pharynx, larynx, and trachea to establish an airway— Laryngoscopy -Visual examination of the voice box
Lung Biopsy-Removal of lung tissue followed by microscopic examination
Mediastinoscopy-Endoscopic visual examination of the mediastinum
Pulmonary Function Tests (PFTs) -Tests that measure the ventilation mechanics of the lungs: airway function, lung volume, and the capacity of the lungs to exchange oxygen and carbon dioxide efficiently
Thoracentesis-Surgical puncture to remove fluid from the pleural space
Thoracotomy-Large surgical incision of the chest
Thoracoscopy (Thorascopy)-Visual examination of the chest via small incisions and use of an endoscope
Tracheostomy- Surgical creation of an opening into the trachea through the neck Tuberculin Test- Determines past or present tuberculous infection based on a positive skin reaction
Tube Thoracostomy -A flexible, plastic chest tube is passed into the pleural space through an opening in the chest