NOTES PDF

UPSC COMBINED MEDICAL SERVICES (CMS)

Exclusive Video Course

UPSC MEDICO

Clinical Examination of Respiratory System

Sputum

Scrous / Frothy / Pink	Mucopurulent	Purulent	Blood-Stained
Pulmonary Edema	Bronchial or Pneumonic infection	Bronchial or Pneumonic infection	Cancer Tuberculosis Bronchiectasis Pulmonary Embolism

Auscultation

Normal: Bronchial (louder or softer)

Added Sounds:

- ✓ Wheezy
- ✓ Crackles
- ✓ Rubs
- ✓ Spoken voice [vocal Resonance]
- ✓ Absent (effusion)
- ✓ Increased (consolidation)
- ✓ WHISPERING PECTORILOQUY

VOICE SOUNDS

→ **Egophony** : Ego : goat

Auscul" : Eee

- ✓ Consolidation
- ✓ Pleural effusion
- ✓ Lung Cavity

→ Eee → $^{6}A^{2}$

Bleating quality of voice

→ **Whispering Pectoriloquy**

✓ Consolidation : Ask pt. to Whisper : 1-2-3 or 99 → Over Consolidated are → Whisper : clearly heard (LOUD)

WHEEZE — Monophasic

- Large airway Obstruction
  → TUMOR

Polyphasic

Small airway Obstruction
→ Bronchial asthma

Hyperresonance : PNEVMO THORAX

by percussion

Stony dullness — Pleural effusion

Examination: Features of Common Lung Pathologies

Lobar pneumonia: CONSOLIDATION

Movements ↓ on effected side

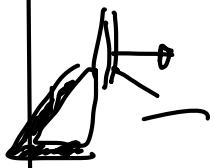
Dullness on percussion

Whispering pectoriloquy / EGOPHONY

Resonance / Vocal Fremitus ↑

Breath sounds ↑↑

PLEURAL EFFUSION



Movements ↓ on effected side

Trachea, Apex beat] Shift away

STONY DULLNESS ON PERCUSSION

Vocal Fremitus / Resonance (-)

Breath sounds ↓

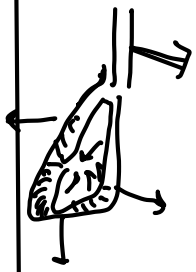
ATELECTASIS [Collapse of Lung]

Movements ↓ on effected

Trachea, Apex] Moves towards side of collapse

Breath sounds ↓

Tension PNEUMOTHORAX



Trachea, apex beat] Shift way

ON PERCUSSION - HYPERRESONANCE

Breath sounds ↓

Vocal Fremitus (-)

Presenting problems in Respiratory Disease

1] Cough – Most frequent symptom of Respiratory disease

2] Breathlessness
- Acute severe
- Chronic exertional

3] Chest pain

4] Clubbing

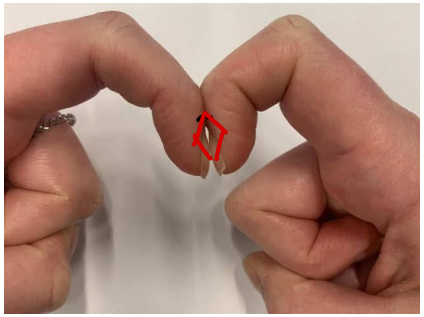
5] Haemoptysis

- Distinguishing Characteristics of Various Causes of Cough

Origin	Causes	Clinical features
Pharynx	Post-nasal drip	H/o chronic rhinitis
Larynx	Laryngitis / tumor / Croup	Voice is altered + stridor
Bronchi	Bronchitis (COPD) / Asthma / Lung Ca	Worse in mornings Worse in night. persisten + Hemoptysis
Lung parenchyma	TB / pneumonia / Bronchiectasis / Pulmonary Edema / IPF	Postue induced Sputum production pink frothy Sputum DISTRESSING
DRUG	ACE - INHIBITORS Bradykinin / metabolism Sub P BRASSY COUGH / ANGIOEDEMA	DRY COUGH

Clubbing

Enlargement of distal segment of Fingers/Toes
↓
due to proliferation of Connective tissues.



– Schamroth sign
WINDOW TEST

causes

Idiopathic/primary

→ Familial
→ Pachydermoperiostosis
→ Hypertrophic Osteoarthropathy

- pulmonary disease | Lung Cancer, Cystic fibrosis
- Cardiac disease: Cyanotic CHD
- GI: IBD (UC/CD)
- Skin: Volarsetc Synthesa
- Malignancies: Thyroid Ca, HD

Rx: Lung Transplantion (or)

After Sx – Clubbing is Reversible

Grading

I	↑ Fluctuation of Nail bed
II	Obliteration of LOVIBOND Angle (N: 160°)
III	Parrot beak/Drumstick
IV	Hypertrophic Osteoarthropathy

Causes of Haemoptysis

- ✓ Bronchial : Cancer / Bronchiectasis / Acute Bronchitis
- ✓ Lung : TB
- ✓ Vascular : Pulmonary Infarction
- ✓ CVD : Acute LVF
- ✓ Blood : Leukemia / Hemophilia / Anti coagulants

Benign vs Malignant Pulmonary Nodule

	Benign	Malignant
Size	<4mm	>3cm
Margin	Smooth	Spiculated
popcorn Calcification/ Fat	+	−
Location	50-50 UL/LL	70% Upper lobes
Age	<40	>40
Smoking	−	+
Family H/o	−	+