

# RESTRICTIVE PULMONARY DISEASES

هذه المذكرة عبارة عن هاند أوت الدكتور عمار الركابي بعد تنسيقها.  
شاملة لكل ما هو مطلوب في هذه الجزئية

وأیضا:

توحد بعض الجداول والصور التوضيحية مضافة من محاضرات الدكتورة مها عرفة.

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## GENERAL CONSIDERATIONS, DEFINITIONS AND CAUSES:

- A. ***Restrictive Pulmonary Disease*** is a group of disorders characterized by reduced expansion of the lung and reduction in total lung capacity.
- B. ***Examples include*** abnormalities of the chest wall from *Bony Abnormalities* or *Neuromuscular Disease* that restrict lung expansion.
- C. ***The Interstitial Lung Disease*** a heterogeneous-group of disorders, characterized by interstitial accumulations of cells or non cellular material within the alveolar walls ((that restrict expansion and often interfere with gaseous exchange.))

Prominent examples are acute conditions

such as

- *The Adult and Neonatal Respiratory Distress Syndromes*
- *Pneumoconioses (e.g. coal worker's pneumoconiosis, silicosis and asbestosis)*
- *Diseases Of Unknown Etiology (e.g. sarcoidosis and idiopathic pulmonary fibrosis)*
- *Various Other Conditions (e.g. eosinophilic granuloma, hypersensitivity pneumonitis)*
- *Chemical Or Drug Associated Disorders (e.g. berylliosis or the pulmonary fibrosis associated with bleomycin toxicity)*
- *Immune Disorders (e.g. systemic lupus erythematosus, systemic sclerosis (scleroderma), Wegener granulomatosis and Goodpasture syndrome.)*

**ADULT RESPIRATORY DISTRESS SYNDROME (ARDS):****1) Produced By**

Diffuse alveolar damage WITH resultant *increase* in Alveolar capillary permeability,  
 → *causing* leakage of protein-rich fluid into alveoli.

**2) Characteristics include:**

the formation of an *Intra-Alveolar Hyaline Membrane*  
 Composed of fibrin and cellular debris.

**3) The result severe impairment of respiratory gas exchange with consequent severe hypoxia.****4) Causes include:**

a wide variety of mechanisms and toxic agents, including

- Shock - sepsis - trauma - uremia - aspiration of gastric contents - acute Pancreatitis
- Inhalation of chemical irritants (e.g. chlorine, oxygen)
- toxicity or overdose with street drugs (e.g. heroin) or therapeutic drugs (e.g. bleomycin.)

**DIRECT LUNG INJURY****INDIRECT LUNG INJURY****COMMON CAUSES**

Pneumonia	Sepsis
Aspiration of gastric contents	Severe trauma with shock

**UNCOMMON CAUSES**

Pulmonary contusion	Cardiopulmonary bypass
Fat embolism	Acute pancreatitis
Near-drowning	<u>Drug:</u> - <i>Bleomycin</i> - overdose <i>Heroin</i>
Inhalational injury	Transfusion of blood products
Reperfusion injury after lung transplantation	Uremia

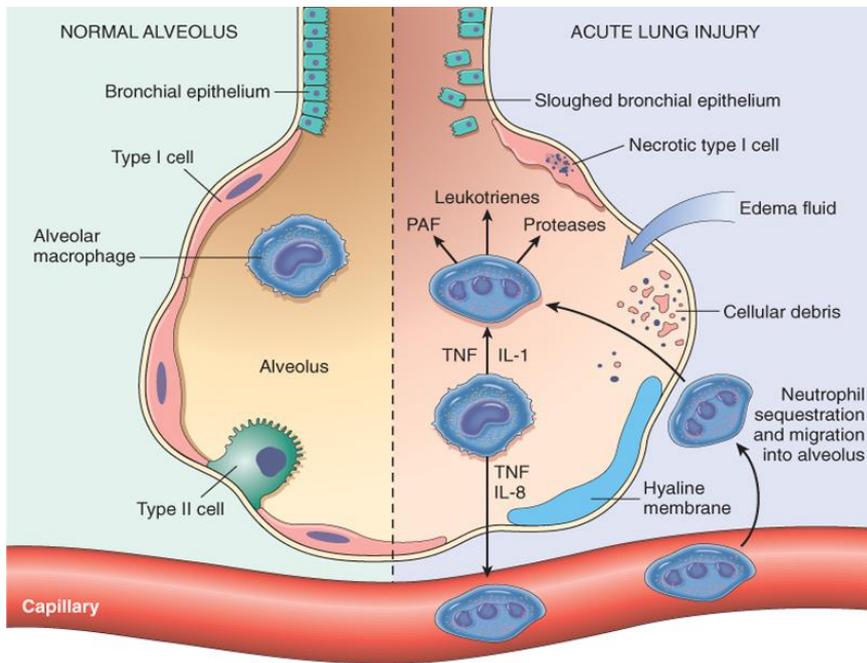
**5) ARDS can be a manifestation of *The Severe Acute Respiratory Syndrome (SARS)*.**

The **SARS virus** is a corona virus that destroys the type II pneumocytes  
causes diffuse alveolar damage.

**6) *ARDS is initiated by***

damage to alveolar capillary endothelium and alveolar epithelium  
influenced by the following pathogenic factors:

- (a) *Neutrophils* release substances toxic to the alveolar wall.
- (b) *Activation of the coagulation cascade* is suggested by the presence of **microemboli**.
- (c) *Oxygen toxicity* is mediated by the formation of oxygen-derived free radicals.



<< With previous page (ARDS)

**NEONATAL RESPIRATORY DISTRESS SYNDROME (HYALINE 'MEMBRANE DISEASE)**

**GENERAL CONSIDERATIONS**

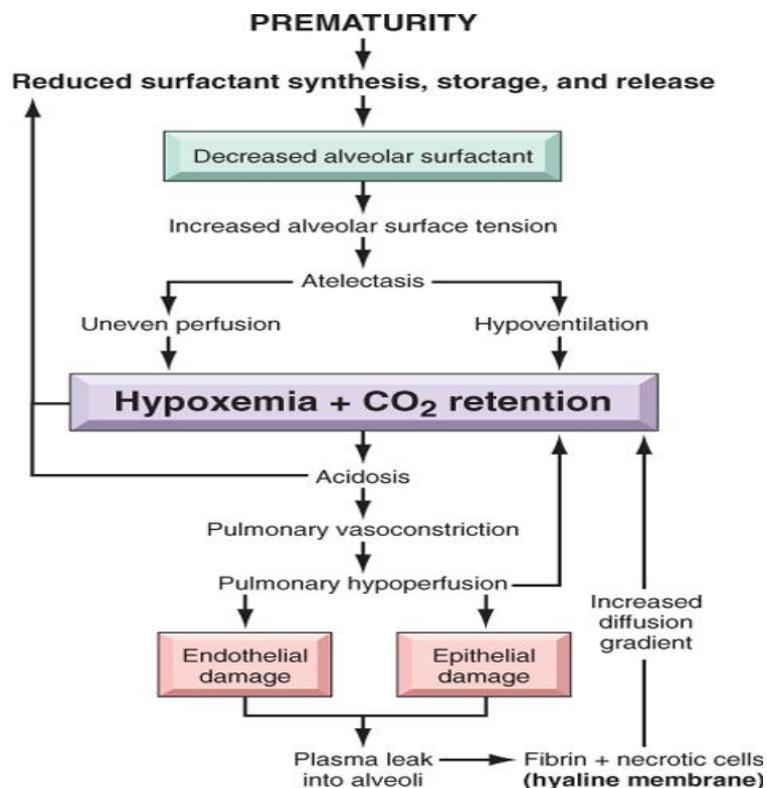
- It is **the most common** cause of *respiratory failure* in the newborn
- It is **the most common** cause of *death* in premature infants.

It is **marked by**: dyspnea - cyanosis - tachypnea (high breath rate) → WHEN? Shortly after birth.

It **results from**: a deficiency of surfactant, most often as a result of immaturity.

**PREDISPOSING FACTORS:**

- Prematurity.
- Maternal diabetes mellitus and delivery by cesarean section

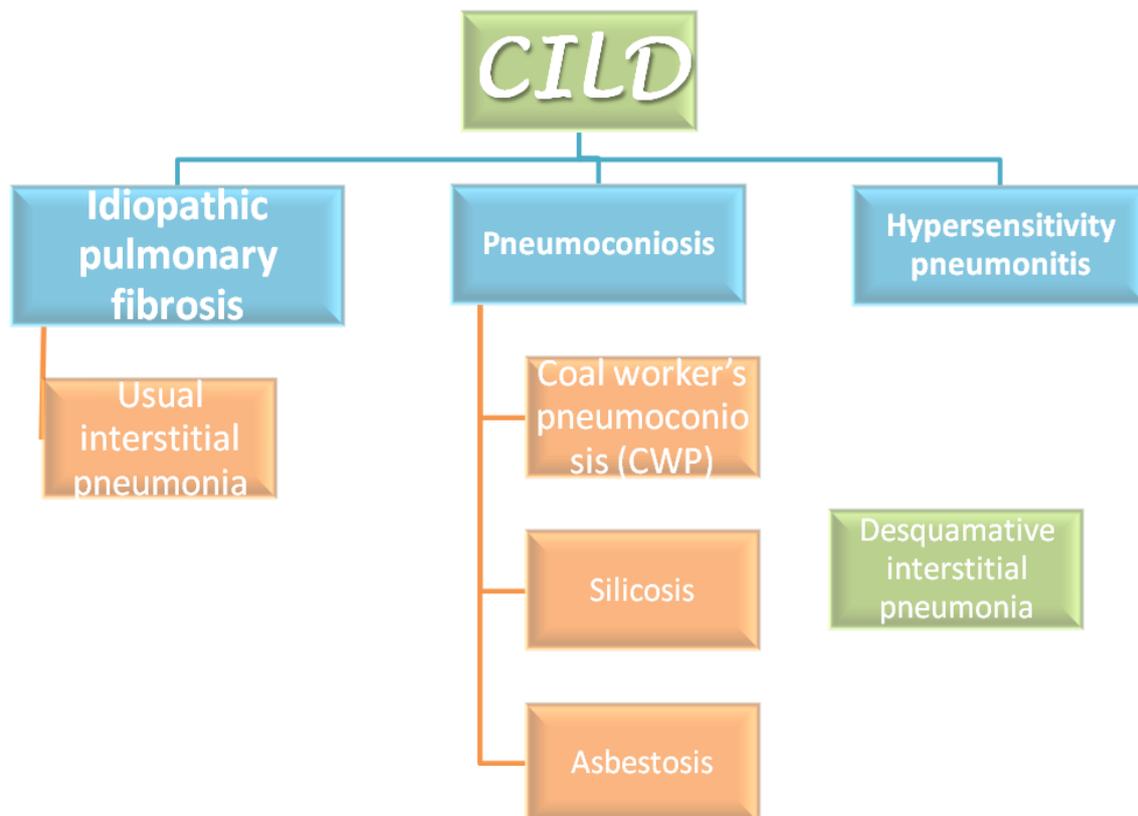


## INTERSTITIAL LUNG DISEASE

### Selected Examples of Interstitial Lung Disease

Disorder	Description
Hypersensitivity Pneumonitis (Extrinsic Allergic Alveolitis)	Interstitial Pneumonia <u>caused by</u> inhalation of various antigenic substances  <i>Exemplified By</i> inhalation of spores of <i>Thermophili Actinomyces</i> from <i> moldy hay</i>  → causing "farmer's lung"
Goodpastures Dynrome	Hemorrhagic Pneumonitis and Glomerulonephritis <u>caused by</u> antibodies directed against <i>glomerular basement membranes</i> .
Eosinophilic Granuloma	<u>Proliferation of</u> histocytic cells ((Related to <i>Langerhan's cells</i> of the skin.))
Idiopathic Pulmonary Fibrosis	Immune complex disease <u>with</u> progressive fibrosis of the alveolar wall.
Sarcoidosis	<i>Granulomatous</i> disorder of <u>unknown</u> etiology.

## CHRONIC INTERSTITIAL LUNG DISEASE



## PNEUMOCONIOSES:

- Environmental diseases, caused by inhalation of inorganic dust particles.
- exemplified by (illustrated by) the following conditions:

### **Acanthracosis**

#### Caused By

inhalation of carbon dust --- it is endemic (spread) in urban areas and causes no harm.

#### Characterized by

*carbon-carrying macrophages* → it results in irregular black patches visible on gross inspection.

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### **COAL WORKER'S PNEUMOCONIOSIS**

**Caused By** inhalation of **coal dust** ((which contains both carbon and silica)).

#### Types:

(a) Simple coal worker's pneumoconiosis:

- Marked by coal macules around the bronchioles,  
How are those formed ? by ingestion of coal dust particles by macrophages.
- 
- In most cases, it is inconsequential and produces no disability.

(b) Progressive massive fibrosis:

- Marked by fibrotic nodules filled with necrotic black fluid.
  - It can result in (it is a complication of)  
bronchiectasis, pulmonary hypertension,  
or death from respiratory failure or right-sided heart failure.
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## SILICOSIS

A chronic occupational lung disease **caused by** exposure to *free silica dust*  
**Seen in** miners (men who work at mines), glass manufacturers and stone cutters.

➤ In the Gulf region and in “desert climate”, it could be due to inhalation of sand.

- (a) **Initiated By** ingestion of silica dust by alveolar macrophages  
 → damage to macrophages → initiates an inflammatory response  
*mediated by lysosomal enzymes and various chemical mediators.*
- (b) Silicotic nodules that enlarge and eventually obstruct the airways and blood vessels are characteristic.
- (c) **Associated With** increased susceptibility to **tuberculosis**;  
 the frequent concurrence ((meeting of both diseases)) is referred to as **silicotuberculosis**.

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## ASBESTOSIS

**Caused By** inhalation of asbestos fibers.

- (a) **Initiated By** uptake of asbestos fibers by alveolar macrophages  
 → A fibroblastic response occurs  
 ((probably from release of fibroblast-stimulation growth factors by macrophages))  
 → leads to diffuse interstitial fibrosis mainly in the lower lobes.
- (b) **Characterized By** the presence of
  - **Ferruginous Bodies**: are yellow-brown, rod-shaped bodies with clubbed ends  
stain positively with **Prussian blue**  
arising from iron and protein coating on asbestos fibers.
  - **Dense hyalinized fibrocalcific plaques** of the parietal pleura.
- (c) **Results In**  
 marked predisposition **TO**  
**Bronchogenic Carcinoma AND Malignant Mesothelioma of The Pleura Or Peritoneum.**  
 ((Cigarette smoking further increases the risk of bronchogenic carcinoma.))