# Lung function in health and disease

Laila Al-Dokhi

# Types of lung function tests include

- Spirometry.
- Gas diffusion.
- Body Plethysmography.
- Inhalation challenge test.
- Exercise stress test.

#### • Spirometry:

 It is the measurement of the speed and the amount of air that can be exhaled and inhaled.

#### • Body Plethysmography test:

 The patient is required to sit in an airtight chamber that resembles a small telephone booth. Inside the chamber is an affixed spirometer, which is used to determine the flow properties of the patient.

#### Cardiopulmonary Stress Testing

 Used for evaluation of dyspnea that is out of proportion to findings on static pulmonary function tests

#### • Diffusing Capacity of Lung for Carbon Monoxide

- To evaluate the presence of possible parenchymal lung disease
- Pulse Oximetry
  - The principle is measurement of O2 saturation by spectrophotometry

#### Spirometer



#### Plethysmography



### Spirometry



Spirometry is a method to record volume movement of air into and out of the lungs.

□ Spirometry is a simple most commonly used test to:

- □ Assess the lung performance
- □ Measure the physiological parameters:
  - Lung volumes

  - □Flow rate
- Differentiate between the obstructive and restrictive lung conditions
- Play a critical role in the diagnosis, differentiation and management of respiratory diseases.

## Physiological conditions affecting lung functions

- □Age
- Gender
- Height
- Weight
- **Ethnic group**
- **Pregnancy**

- Based on clinical features / abnormal lab tests
- Symptoms:
  - Dsypnea
  - Cough
  - Sputum production
  - Chest pain
- Signs:
  - Cyanosis,
  - Clubbing
  - Chest deformity
  - Diminished chest expansion
  - Hyperinflation
  - Diminished breath sounds
  - Prolongation of expiratory phase & crackles
- Arterial blood gas analysis: Hypoxemia, hypercapnia
- Abnormal chest X Ray.

- To detect respiratory disease in patients presenting with symptoms of breathlessness, and to distinguish respiratory from cardiac disease.
- To diagnose or manage asthma
- To diagnose and differentiate between obstructive and restrictive lung disease.
- To conduct pre-operative risk assessment before anesthesia
- To measure response to treatment of conditions which spirometry detects

- Describe the course of diseases affecting PFTs
  - Neuromuscular diseases: Gillian Barre Syndrome, Myasthenia gravis
  - **Pulmonary diseases**: Obstructive airway diseases, Interstitial lung diseases
  - Adverse reactions: Drugs with known pulmonary toxicity [Pulmonary fibrosis]

- To assess the therapeutic interventions:
  - Bronchodilator therapy
  - -Steroid treatment for asthma
  - Chronic obstructive lung disease
  - -Interstitial lung disease

#### PRE OPERATIVE INDICATIONS

- To determine the suitability of patients for anesthesia
- To assess the risk for surgical procedures known to affect lung function.

### **Results classification**

- Normal
- Obstructive
- Restrictive
- Combined

#### Assessment of spirometry



### Maintaining accuracy

- The most common reason for inaccurate results:
  - Inadequate or incomplete inhalation.
  - Additional breath taken during the test
  - Lips not sealed around the mouth piece.
  - Slow start to forced exhalation
  - Some exhalation through the nose.
  - Coughing.

### **Smoking and Spiromtry**

#### **Effect of smoking on lung function:**

- Non Smoker: In normal healthy non smoker subject after the age of 30 the expected decline in Lung function parameter [FEV1] is 25–30 ml/ year
- -Smoker: The average rate of decline of lung function in smokers as measured by Forced Expiratory Volume in 1 sec [FEV1] is 60-70 ml / year

#### **SMOKERS AND SPIROMETRY**



#### **SMOKERS AND SPIROMETRY**



#### **DIAGNOSIS OF COPD**

