# DYNAMIC SPIROMETRY

PHYSIOLOGY TEAM

# WHY TO DO SPIROMETRY ?

# helps to diagnose some respiratory diseases.

 can help monitor the progress of disease and determine the efficiency of the treatment.

# **RESPIRATORY DISEASES**





**Obstructive Pulmonary Diseases** 

↑ airway resistance

**Restrictive Pulmonary Diseases** 

↓ Lung compliance

# TERMINOLOGIES

#### FORCED VITAL CAPACITY (FVC)

The volume of air which can be forcibly and maximally exhaled out of the lungs until no more can be expired.

### FORCED EXPIRATORY VOLUME IN THE FIRST SECOND (FEV<sub>1</sub>)

The volume of air which can be forcibly exhaled from the lungs in the first second of forced expiration.

# **FEV1/FVC RATIO**

#### $\Box FEV1/FVC ratio or FEV_1\% = 70-80\%.$

FEV<sub>1</sub>% less than 70 % means Obstructive Lung Disease

FEV<sub>1</sub>% in the normal range or greater than 80% means Restrictive Lung Disease.

# **SPIROMETRY RESULTS**

	PERFORMED	PREDICTED	% PREDICTED
FVC (Liters)	4	5	80%
FEV <sub>1</sub> (Liters)	3	4	75%
$FEV_1\%$	75%	Don't worry	Don't worry

# WHAT DO YOU NEED FOR SPIROMETRY?

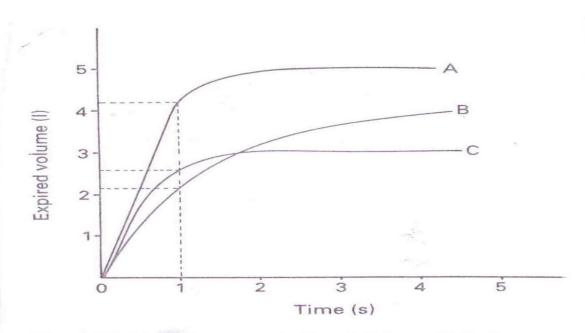
# □ Vitalograph.

- □ Mouthpiece (disposable).
- □ Nose clip.

# PROCEDURE

- Make a tight seal around the mouthpiece.
- $\Box$  Ask subject to inhale deeply.
- □ Then ask the subject to exhale as strong and as fast as possible.

#### FORCED EXPIRATORY VOLUME CURVE



**Fig. 6.24** Spirograms recorded by a 'vitalograph' for three patients. The maximum volume expired is the FVC for each patient. A: FVC = 5 litres;  $FEV_1 = 4.2$  litres;  $FEV_1 = 84\%$ —normal; B: FVC = 4 litres;  $FEV_1 = 2.2$  litres;  $FEV_1 = 55\%$ —obstructive lung disease; C: FVC = 3 litres;  $FEV_1 = 2.7$  litres;  $FEV_1 = 90\%$ —restrictive lung disease.

#### **OBSTRUCTIVE PULMONARY DISEASES**

- $\Box$  FEV1  $\downarrow\downarrow\downarrow\downarrow\downarrow$
- $\Box$  FVC  $\downarrow$  or  $\leftrightarrow$
- $\Box$  FEV1/FVC  $\downarrow$  (less than 70%)
- **Examples:**
- **Bronchial Asthma**
- **COPD (Emphysema / Chronic Bronchitis)**

#### **RESTRICTIVE PULMONARY DISEASES**

#### $\Box$ FEV1 $\downarrow\downarrow$

- $\Box$  FVC  $\downarrow\downarrow\downarrow\downarrow$
- $\Box$  FEV1/ FVC  $\leftrightarrow$  or  $\uparrow$

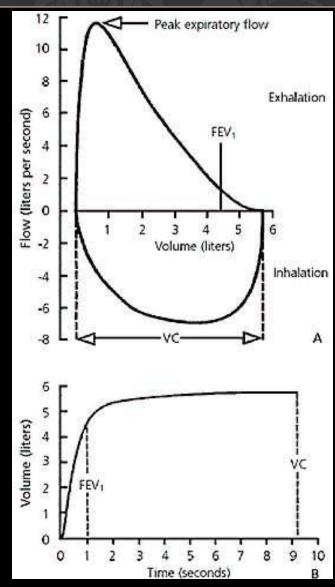
#### **Examples:**

Pulmonary fibrosis Chest wall deformities (Scoliosis or Kyphosis) Respiratory muscles weakness (Myasthenia Gravis)

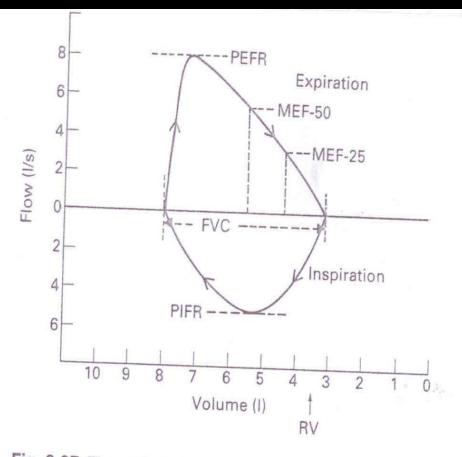
# TWO TYPES OF CURVES CAN BE OBTAINED

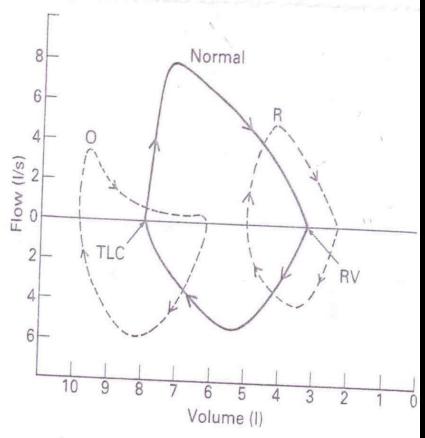
#### □ Flow-volume Loop.

# □ Forced expiratory volume curve (FEV<sub>1</sub> curve).



# **FLOW-VOLUME LOOP**





**Fig. 6.27** Flow–volume loop in a normal subject. FVC, forced vital capacity; PIFR, peak inspiratory flow rate; PEFR, peak expiratory flow rate; MEF50, maximum expiratory flow at 50%

**Fig. 6.28** Flow–volume loops in restrictive lung disease (R) and obstructive lung disease (O), compared with a normal subject. TLC, total lung capacity; RV, residual volume.

# SPIROMETRY CASES

A 41-year-old man presents with 8-months history of cough and shortness of breath on exertion. He is a non-smoker.

	PERFORMED	PREDICTED	% PREDICTED
FVC (Liters)	2.6	4	65%
FEV <sub>1</sub> (Liters)	1.6	3.2	50%
FEV <sub>1</sub> %	61%	Don't worry	Don't worry

# **OBSTRUCTIVE LUNG DISEASE**

# SPIROMETRY CASES

A 59-year-old man presents with 3 years history of progressive shortness of breath & dry cough. He is an ex-smoker for 2 years.

	PERFORMED	PREDICTED	% PREDICTED
FVC (Liters)	1.35	3	45%
FEV <sub>1</sub> (Liters)	1.13	2.4	47%
FEV <sub>1</sub> %	84%	Don't worry	Don't worry

# **RESTRICTIVE LUNG DISEASE**



