Assessment of the lung function using impulse oscillometry before and after bronchoscopic lung volume reduction

Thesis

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♦ INTRODUCTION ♦

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♦ INTRODUCTION ♦

List of Abbreviations

| ABG | Arterial Blood Gases |
|-------------|---------------------------------------|
| AE | Acute Exacerbation |
| AUR | Acute Urinary Retention |
| AX | Reactance Area |
| Bio-BLVR | Biological Bronchoscopic Lung Volume |
| CBC | Reduction Complete Blood Picture |
| cAMP | Cyclic Adenosine Monophosphate |
| Ca | Capacitance |
| CAO | Chronic Airflow Obstruction |
| COPD | Chronic Obstructive Pulmonary Disease |
| СТ | Computed Tomography |
| cv | coefficient of variation |
| CXR | Chest X-ray |
| DLCO | Diffusing capacity of the lungs for |
| | carbon monoxide |
| DNA | deoxy ribonuclic acid |
| EBVs | Endobronchial valves |
| ECG | Electrocardiogram |
| ECHRS | European Community Health and |
| | Respiratory Survey |
| FEV1 | Forced Expiratory Volume in One |
| | Second |
| FEV6 | forced expiratory maneuver to |
| | Six-second duration |
| FiO2 | fraction of inspired oxygen |

List of Abbreviations (Cont.)

| F.O.B | Fibroobtic bronchoscope |
|------------|--------------------------------|
| FOT | FORCED OSCILLATION TECHNIQUE |
| Fres | Frequencies |
| FVC | Forced Vital Capacity |
| GOLD | Global Initiative for Chronic |
| | Obstructive Lung Diseases |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| нсоз | Bicarbonate |
| HRCT | High Resolution Computarized |
| | Tomography |
| Hz | Hertez |
| IAC | Inhaled Anticholinergic |
| ILD | Interstitial lung disease |
| INH | Inhalation |
| IOS | Impulse Oscillometry |
| LA | Left atrial diameter |
| КРа | Kilopascal |
| LVRC | Lung Volume Reduction Coin |
| LVRS | Lung Volume Reduction Surgery |
| MEFV | maximum expiratory flow-volume |
| Mg | Milligram |
| MHZ | Mega Hertz |

MIFV..... maximum inspiratory flow-volume

Min......Minute

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List of Abbreviations (Cont.)

MMEF......Maximum mean expiratory flow MRC..... Medical Research Council MWD.....Minute Walk Distance mmHgMillimeter mercury **NOTT**.....Nocturnal Oxygen Therapy Trial NSAID......Nonsteroidal Anti-Inflammatory Drug PaO2.....Oxygen Tension PaCO2Carbon Dioxide Tension **PFT**.....Pulmonary Function Test PHThe acidity or alkalinity of blood **PRN**pseudorandom noise **PSTF**..... Preventive Services Task Force **R5**.....Resistance at 5 Hz **R20**..... Resistance at 20 Hz Rrs..... Resistance RV Residual Volume SaO2.....Oxygen Saturation SecSecond

SD.....Standard deviation

SGOT..... Serum glutamate-oxalacetate

Transaminase

SGPT..... Serum glutamate- pyruvate

Transaminase

TLC.....Total Lung Capicity

List of Abbreviations (Cont.)

TORCH..... The Towards a Revoluton in COPD Health

USAUnited States of America

X5...... Reactance

Xrs..... Reactance

WBC.....White blood cells

WHOWorld Health Organization

6-MWD.....6-Minute-walk distance

6-MWT.....6-Minute-walk test

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Introduction

Chronic Obstructive Pulmonary Disease (COPD), a common preventable and treatable disease, is characterized by persistent airflow limitation that is usually progressive and associated with an enhanced chronic inflammatory response in the airways and the lung to noxious particles or gases. Exacerbations and comorbidities contribute to the overall severity in individual patients(1).

COPD is the 4th leading cause of death worldwide, yet 75% of those affected remain untreated this can be changed! The World Health 600 million Organisation estimates people worldwide have COPD. COPD is projected to be the third leading cause of death by 2020 with only heart disease and cerebrovascular disease accounting for more deaths. Lung cancer, stomach cancer and HIV will be the 5th, 8th and 9th most common causes of death respectively. Higher prevalence rates for COPD are found in men than in women globally reflecting historic gender differences in smoking behaviour. Prevalence figures for COPD are believed to be underestimated. Sufferers tend not to seek medical advice until the disease has progressed and the condition is severe (2).