Study of Chronic Obstructive Pulmonary Disease Patients in Gamal Abd El Nasser Hospital in Alexandria

Thesis

Submitted for Partial Fulfillment of Master Degree
in Chest Diseases

By

Kholoud Hassan Khalaf Allah
M.B.,B.Ch - Alexandria University

Supervised by

Prof. Mona Mansour Ahmed
Professor of Chest Diseases
Faculty of Medicine - Ain Shams University

Dr. Tamer Mohamed Ali
Assistant Professor of Chest Diseases
Faculty of Medicine - Ain Shams University

Faculty of Medicine
Ain Shams University

2019

سورة البقرة الآية: ٣٢

First of all, thanks to Allah whose magnificent help was the main factor in completing this work.

I would like to express my great appreciation to **Prof. Dr. Mona Mansour Ahmed,** Professor of Chest Diseases, Faculty of Medicine, Ain Shams University; for her sincere effort, valuable advice and great confidence that she gave me throughout the whole work. Her time and supreme effort are clear in every part of this work. Many thanks & gratitude for her.

I am deeply grateful to **Assist. Prof. Tamer Mohamed Ali,** Assistant Professor of Chest Diseases, Ain Shams University; for his great directions & continuous advice all through the work.

Lastly, I would like to express my deep thanks to every person assisted me to complete this research.

Last but not least, sincere gratitude to *My Family* for their continuous encouragement and spiritual support.

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List of Abbreviations

BMI : Body mass index

CSA : Cross sectional area

CTS : Carpel tunnel syndrome

DML : Median distal motor latency

EMG : Electromyography

FDP : Flexor digitorum profundus

FDS : Flexor digitorum superficialis

FR : Flattening ratio

HRUS : High resolution ultrasonography

IOR : Inlet to outlet cross sectional area ratio

NCS : Nerve conduction study

NCV : Nerve conductive velocity

PDS : Power Doppler signals

PFS : Power flow signals

RA : Rheumatoid arthritis

SNAPs : Sensory nerve action potentials

SNCV : Sensory nerve conduction velocity

US : Ultrasonography

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Introduction

Chronic obstructive pulmonary disease is a cluster of illnesses that cause blockage of the air flow and breathing-related difficulties. It contains emphysema, chronic bronchitis, and asthma **(Centers for Disease Control and Prevention, 2015).**

COPD is described by irreversible airflow impediment and constant respiratory symptoms which is an enhanced inflammatory reaction to protracted exposure to smoking or harmful gases or particles and manifested by chronic cough, exertional dyspnea, expectoration and wheezing, symptoms that seems to be in context of airways hyper-responsiveness and may be mostly reversible (Mannino, 2002)**.**

COPD is the fourth leading reason of death worldwide and is predicted to be the third leading reason of death by 2020 **(Murray and Lopez 1997).**

A lot of smokers simply expect that the manifestations they are having are because of smoking and not to something more serious **(Celli 2008)**

In any case, diagnosing patients with COPD relying upon clinical manifestations alone prompts overdiagnosis **(Lin et al., 2008).**

Lung function tests are used to survey the severity and prognosis of chronic obstructive pulmonary disease (COPD) basically depend on spirometry **(Gruffydd-Jones & Jones, 2011).**

Because of the permanent nature of COPD, early identification of the disease and its consequent treatment is imperative. However, under-diagnosis is a worldwide issue **(Pauwels et al., 2001).**

The epidemiology, demographic, clinical characteristic of the patients and prescription pattern differ considerably between studied Egyptian COPD patients and other studied in various countries; which features uniqueness of each country and requirement of national information on our health problems **(El Sayed, 2007).**

Prevalence, morbidity and mortality in Egypt are still missing and ought to be assessed; however, COPD is emerging important health problem in Egypt **(Egyptian Society of Chest Diseases and Tuberculosis, 2003).**