



Značaj funkcionalne dijagnostike u lečenju HOBP-a i astme

The Importance of Functional Diagnostics in the Treatment of COPD and Asthma

Violeta Tomić, Nemanja Predojević, Andrijana Đorđević Đokić

Specijalna bolnica za plućne bolesti "Ozren" Sokobanja

Special Hospital for Lung Diseases "Ozren" Sokobanja

Apstrakt

Uvod: HOBP se karakteriše ograničenim (smanjenim) protokom vazduha u disajnim putevima. Ograničenje protoka vazduha je progresivno i udruženo sa zapaljenjskom reakcijom pluća na štetne čestice ili gasove. Obolevaju pušači, bivši pušači, osobe koje rade sa štetnim isparenjima i prašinom. Dominantni simptomi su: kašalj, iskašljavanje, otežano disanje, gušenje.

Astma predstavlja hronično zapaljenjsko oboljenje disajnih puteva pluća koje dovodi do ponovljenih epizoda sviranja u grudima, gušenja i kašlja, koje se mogu javiti spontano tokom dana i noći, ali i nakon fizičkog zamaranja. Simptomi astme se ispoljavaju usled odgovora disajnih puteva na različite stimule. Astma može biti alergijska i nealergijska. Kako bi se adekvatno lečili i astma i HOBP, neophodno je postaviti pravu dijagnozu. Spirometrija je neophodna za postavljanje dijagnoze. Odnos FVC1/FEV < 0,70 posle bronhodilatacijskog testa, potvrđuje trajno ograničenje protoka vazduha kroz disajne puteve, što potvrđuje dijagnozu. RTG snimak pluća ne može potvrditi dijagnozu, ali može isključiti druge komorbiditete (tumore pluća, tbc pluća, pleuralni izliv). CT grudnog koša se ne preporučuje kao rutinska metoda, izuzev radi detekcije bronhiektazija ili postojanja rizika od karcinoma pluća, u diferencijalnoj dijagnozi nekih komorbiditeta, kao i u preoperativnoj proceni. Ponekad je ispitivanje potrebno dopuniti i nekim dopunskim testovima (bodipletizmografijom, difuzijom pluća, testovima fizičkog opterećenja), a saturacija oksihemoglobina utvrđuje se pomoću pulsno oksimetra, a ako postoji poremećaj saturacije, rade se gasne analize. Spirometrija je metoda koja se rutinski radi u našoj ustanovi, kod skoro svih pacijenata (izuzev kod hemoptizija, tahikardije, jakog gušenja, kovid pozitivnih). Radi se na dolasku, neposredno pred odlazak, a po potrebi i češće. Spirometriju izvodi medicinska sestra u kabinetu za neinvazivnu dijagnostiku. Pacijentu objašnjava način rada i neophodnost saradnje u toku rada kako bi rezultat bio adekvatan.

Cilj rada: Ukazati na značaj dobro urađenog testa, a na osnovu koga će lekar postaviti dijagnozu, ordinirati terapiju i tako pacijentu olakšati tegobe.

Metoda rada: Prikaz slučaja iz prakse i upoređivanje spirometrije na dolasku i odlasku sa bolničkog lečenja.

Rezultati rada: Nakon 15 dana lečenja i primene ordinirane terapije, pacijent je bio sa minimalnim tegobama, a spirometrija je bila značajno bolja u odnosu na prvu (na dolasku).

Zaključak: Pravovremeno javljanje lekaru, dobro postavljena dijagnoza, adekvatna terapija, zdravstveno-vaspitni rad (prestanak pušenja, izbegavanje mesta gde se puši, vežbe disanja, vakcinacija protiv gripa) u lečenju HOBP-a i astme, neophodni su da bi se bolest držala pod kontrolom, a pacijent bio sposoban da obavlja svakodnevne poslove.

Abstract

Introduction: COPD is characterized by limited (reduced) airflow in the airways. The airflow limitation is progressive and associated with the inflammatory response of the lungs to harmful particles or gases. Smokers, ex-smokers, and people who work with harmful fumes and dust get sick. Dominant symptoms are cough, expectoration, hard breathing, and suffocation.

Asthma represents a chronic inflammatory disease of the airways of the lungs that leads to repeated episodes of wheezing, choking, and coughing, which can occur spontaneously during the day and night, but also after physical fatigue. Asthma symptoms are manifested due to the response of the airways to various stimuli. Asthma can be allergic or non-allergic. In order to adequately treat both asthma and COPD, it is necessary to establish the right diagnosis. Spirometry is essential for diagnosis. FVC1/FEV ratio <0.70 after a bronchodilation test confirms permanent limitation of airflow through the airways, which confirms the diagnosis. An X-ray of the lungs cannot confirm the diagnosis, but it can rule out other comorbidities (lung tumors, lung tuberculosis, pleural effusion). CT of the chest is not recommended as a routine method except for the detection of bronchiectasis or the existence of a risk of lung cancer and in the differential diagnosis of some comorbidities, then in the preoperative evaluation. Sometimes the examination needs to be supplemented with some additional tests (body plethysmography, lung diffusion, physical stress tests, oxyhemoglobin saturation is determined using a pulse oximeter, and if there is a saturation disorder, gas analyses are performed). Spirometry is a method that is routinely performed in our institution, with almost all patients (except for hemoptysis, tachycardia, severe suffocation, and covid-positive). It is performed upon arrival, immediately before departure, and more often if necessary. Spirometry is performed by a nurse in the non-invasive diagnostics office. She explains to the patient the way of working and the necessity of cooperation in the course of work so that the result is adequate.

The aim of the work: To point out the importance of a well-done test, on the basis of which the doctor will make a diagnosis, prescribe therapy, and thus relieve the patient's problems.

Method of work: Presentation of a case from practice and comparison of spirometry on arrival and departure from hospital treatment.

Results: After 15 days of treatment and application of prescribed therapy, the patient had minimal complaints and spirometry was significantly better compared to the first (on arrival).

Conclusion: Timely reporting to the doctor, a well-established diagnosis, adequate therapy, and health education work (smoking cessation, avoiding places where smoking, breathing exercises, flu vaccination) in the treatment of COPD and asthma are necessary to keep the disease under control. and the patient was able to perform daily tasks.