

Place of Distal Spirometry in COPD

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The superiority of distal spirometry (DEM 75% 50% 25% and their mean 25 - 75%) compared to tiffeneau (FEV1/FVC) is by far a better precise diagnostic approach for therapeutic management and appropriate prognosis. All COPD, whatever their origins, begin at the distal level, i.e. at the level of the terminal bronchioles where the inflammation finds a fragile environment devoid of muscular cover of purely chemical mechanism (interfering which replaces the role of the smooth muscle) It is at this level that the evaluation of the distal flow is particularly important in the preliminary detection of the disturbances of the gaseous flow. In addition, the smooth muscular mechanism of the proximal bronchi framework protects the proximal disorder for a long time. chronic inflammation is the disturbances of the gaseous flow at this level become clinically annoying (dyspnea and cough impeding daily life) of the patient) Tiffeneau at this stage is important for the assessment and prognosis of COPD and a guide to therapeutic action. Understanding proximal-distal gas flow disorders gives us a better view of interpretation of the results. spirometric and thus decrease the evolution towards the complications of all COPD and distal airway diseases.

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