

## Effect of Pulmonary Diseases and Associated Respiratory Complications

Mrs. Mac-Fiberesima Gborieneomie\*, Sounyo I I, Emuh F and Akio B

Tuberculosis Zonal Reference Laboratory University of Port Harcourt Teaching Hospital Choba, Port-Harcourt, Nigeria

**\*Corresponding Author:** Mrs. Mac-Fiberesima Gborieneomie, Tuberculosis Zonal Reference Laboratory University of Port Harcourt Teaching Hospital Choba, Port-Harcourt, Nigeria.

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Pulmonary disorders are medical problems associated with the lungs. Pulmonary diseases can otherwise be referred to as Lung diseases. They are conditions that alter the passage of air to the lungs. The lungs function as a complex that expands and relaxes several times daily to take in oxygen and expel carbon dioxide. Pulmonary diseases result from the inability to exhale air through the breathing mechanism which can be as a result of smoking, infection and pollution. Diseases such as Asthma, Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Cystic Fibrosis, Lung Cancer, Pneumonia, Pulmonary Embolism, Weight Loss, Nutritional Abnormalities and Skeletal Muscle Dysfunction become serious medical challenge with the resultant respiratory complications. They are a leading cause of morbidity and mortality because of paralysis of the respiratory muscles. Mortality risk is highest among those requiring long term mechanical ventilation. In most cases there is bronchoconstriction and excessive secretion of mucus and inflammation. A form of respiratory complication known as sleep apnea can trigger other complications such as pulmonary arterial and systematic hypertension. Respiratory complications can result from several complications that do not have a definite pathology. Atelectasis is often associated with respiratory complication in patients suffering spinal cord injury which can later result to pneumonia, pleural effusion, and empyema. The signs are shortness of breath, chronic mucus production, coughing up blood, wheezing and chronic chest pain. Laboratory approaches to diagnosis include microbiological tests, Histological and cytological examination, Respiratory function tests, Imaging techniques, Invasive biopsy techniques and Surgical methods. Healthy breath can be aided with the administration of antibiotics, physiotherapy and assisted coughing [1-5].

### Bibliography

1. Dunsmore., *et al.* "In: Peritoneal dialysis: non-infectious complications editions". Oxford Textbook of Clinical Nephrology. Oxford University Press (2015).
2. Herth FJF. "Bronchoscopic techniques in diagnosis and staging of lung cancer". *Breathe* 7 (2011): 324-337.
3. Palange P and Simonds AK. "ERS Handbook of Respiratory Medicine". Sheffield, European Respiratory Society, 1<sup>st</sup> Edition (2010).
4. Spungen AM., *et al.* "Pulmonary obstruction in individuals with cervical spinal cord lesions unmasked by bronchodilator administration". *Paraplegia* 31.6 (1993): 404-407.
5. Sutbeyaz ST., *et al.* "The combined effects of controlled breathing techniques and ventilatory and upper extremity muscle exercise on cardiopulmonary responses in patients with spinal cord injury". *International Journal of Rehabilitation Research* 28.3 (2005): 273-276.

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