**Pulmonary Diseases\_Team6\_Report.docx**

## **1. Research Documentation**

**Sources Used**

* World Health Organization (WHO) Reports
* National Institute for Health and Care Excellence (NICE) Clinical Guidelines
* Mayo clinic ([Medical Diseases & Conditions - Mayo Clinic)](https://www.mayoclinic.org/diseases-conditions)
* Cleveland clinic (<https://my.clevelandclinic.org/health/diseases>)
* NYC Reach (<https://nycreach.org/>)
* National Human Genome Research Institute (<https://www.genome.gov/>)
* Cystic Fibrosis Foundation (<https://www.cff.org/>)
* Dovepress (<https://www.dovepress.com/index.php>)
* Cincinnati Children’s (<https://www.cincinnatichildrens.org/>)
* Shapiro AJ et al., "Guidelines for Diagnosis and Treatment of Primary Ciliary Dyskinesia," PCD Foundation Consensus, 2018.
* Shapiro AJ et al., "Diagnosis of Primary Ciliary Dyskinesia," American Thoracic Society Clinical Practice Guideline, 2018.
* Lucas JS et al., "ERS Task Force guideline for diagnosis of PCD," European Respiratory Journal, 2017.
* Practical guide for diagnosis and management of PCD, ScienceDirect, 2024.
* NCBI - National Center for Biotechnology (<https://www.ncbi.nlm.nih.gov/>)
* ATS journals (<https://www.atsjournals.org/>)
* NHLBI - National Hear, Lung and Blood Institution (<https://www.nhlbi.nih.gov/>)
* ICD-10-Data.com (<https://www.icd10data.com/>)
* Pulmonology Advisor (<https://www.pulmonologyadvisor.com/>)
* Research Gate (<https://www.researchgate.net/?_tp=eyJjb250ZXh0Ijp7ImZpcnN0UGFnZSI6Il9kaXJlY3QiLCJwYWdlIjoiX2RpcmVjdCJ9fQ>)
* Patient.info (<https://patient.info/>)
* American Lung Association (<https://www.lung.org/>)
* Codify by AAPC (<https://www.aapc.com/>)
* Medecins Sans Frontieres (<https://medicalguidelines.msf.org/en>)
* Vanderbilt University Medical Center (<https://www.vumc.org/main/home>)
* Healthy children.org (<https://www.healthychildren.org/English/Pages/default.aspx>)
* Communicable disease Agency (<https://www.cda.gov.sg/>)
* CDC - Centre for Disease Control and Prevention (<https://www.cdc.gov/>)
* The New England Journal of Medicine (<https://www.nejm.org/>)
* UNAIDS (<https://www.unaids.org/en>)
* Medical New Today (<https://www.medicalnewstoday.com/>)
* Apollo Hospitals (<https://www.apollohospitals.com/>)
* BTS British Thoracic Society (<https://www.brit-thoracic.org.uk/>)
* BIDMC (<https://www.bidmc.org/>)
* Northwestern Medicine (<https://www.nm.org/>)
* John Hopkins Medicine (<https://www.hopkinsmedicine.org/>)
* Children’s National (<https://www.childrensnational.org/>)
* Boston Children’s Hospital (<https://www.childrenshospital.org/>)
* MU Health Care (<https://www.muhealth.org/>)
* Orphanet Journal Of Rare Diseases (<https://ojrd.biomedcentral.com/>)
* British Society for Haematology (<https://b-s-h.org.uk/>)
* Nemours Kids Health (<https://kidshealth.org/>)

**Methodology**

* The team conducted targeted searches using the disease as the primary focus, limiting results to verifiable websites containing relevant clinical information (symptoms, description, prognosis).
* Filters were applied to limit results to English language articles published primarily between 2018 and 2025 to ensure up-to-date information.
* Priority was given to meta-analyses, systematic reviews, clinical guidelines, and high-quality original research.
* Articles were screened for relevance by reviewing titles and abstracts, followed by full-text analysis for data extraction.
* We systematically cross-verified sources to:
  + Elevate the most efficient and current information
  + Replace low-reliability or obsolete content
  + Hybridize partial data by merging complementary factors from multiple sources.
* The team filtered results to include only English-language articles published primarily from 2018–2025, prioritizing current data.
* Human studies only

**Challenges Faced**

* Limited data were available for some rare diseases or newly characterized conditions, leading to reliance on smaller case series or expert opinion.
* Some epidemiological data were region-specific, limiting generalizability.
* Variability in diagnostic criteria and nomenclature across studies occasionally complicated direct comparisons.
* Access to full-text articles was occasionally restricted, requiring use of abstracts or secondary sources.

**Date Accessed**: May 18, 2025

**Description of Contents**:

* Definition and Description, Causes & Risk Factors, Signs & Symptoms, Clinical terminologies, medical codes (ICD-10, CPT),Diagnosis / Test methods, Treatment options, Prevention tips, Prognosis, Possible complications , When to seek a doctor/red flags, Differential diagnosis, Recent guidelines/ Updates, Self care, Drug information/ Side effects, Epidemiology, Procedure explanations and clinical guidelines, Predefined Q&A sets , Transcribed doctor-patient conversations, References
* Emphasis on evidence-based practices from Medical Pulmonary societies
* Well structured data mapping
* The collected literature included epidemiological studies, clinical reviews, prognosis reports, treatment, and consensus guidelines relevant to **Pulmonology** and related specialties. The content spanned disease definitions, causes, symptoms, differential diagnoses, epidemiology, and emerging therapies.

**File Format & Size**:

* Word (.docx)
* Size: 1.08 MB

**2. Disease List & Individual Contributions**

| **Pulmonology** | 1. Pulmonary hypertension (secondary to lung disease or primary) 2. Infectious and Inflammatory Conditions: 3. Bronchiolitis (often caused by respiratory syncytial virus, RSV) 4. Tuberculosis (TB) 5. Pertussis (whooping cough) 6. Pleurisy 7. Congenital and Structural Lung and Airway Disorders: 8. Congenital airway abnormalities, e.g., tracheobronchomalacia | Ikalone Udo |
| --- | --- | --- |
| **Pulmonology** | 1. Congenital lung malformations and restrictive lung disease 2. Aerodigestive disorders (affecting both breathing and swallowing) 3. Neuromuscular diseases causing respiratory compromise 4. Other Specific Conditions: 5. Hereditary hemorrhagic telangiectasia (HHT) 6. Sickle cell disease with respiratory involvement 7. Lung problems linked with prematurity beyond BPD 8. Rare lung diseases including interstitial lung disease variants | Essien Utenge Asuquo |
| **Pulmonology** | 1. Chronic respiratory failure/insufficiency 2. Respiratory failure and ventilator dependency 3. Rare and Diffuse Lung Diseases (chILD - Children's Interstitial and Diffuse Lung Disease): 4. Neuroendocrine cell hyperplasia of infancy (NEHI) 5. Surfactant metabolism dysfunction disorders 6. Bronchiolitis obliterans 7. Alveolar hemorrhage 8. Connective tissue and immune-mediated lung disorders | Hussian Mohammed |
| **Pulmonology** | 1. Asthma 2. Cystic fibrosis 3. Bronchopulmonary dysplasia (BPD) (chronic lung disease of prematurity) 4. Primary ciliary dyskinesia 5. Chronic cough 6. Recurrent respiratory infections and pneumonia 7. Sleep-disordered breathing, including obstructive and central apnea 8. Bronchitis | Lucky Aitah Ose |