# Hafsa Quddos

## Diagnostic Imaging

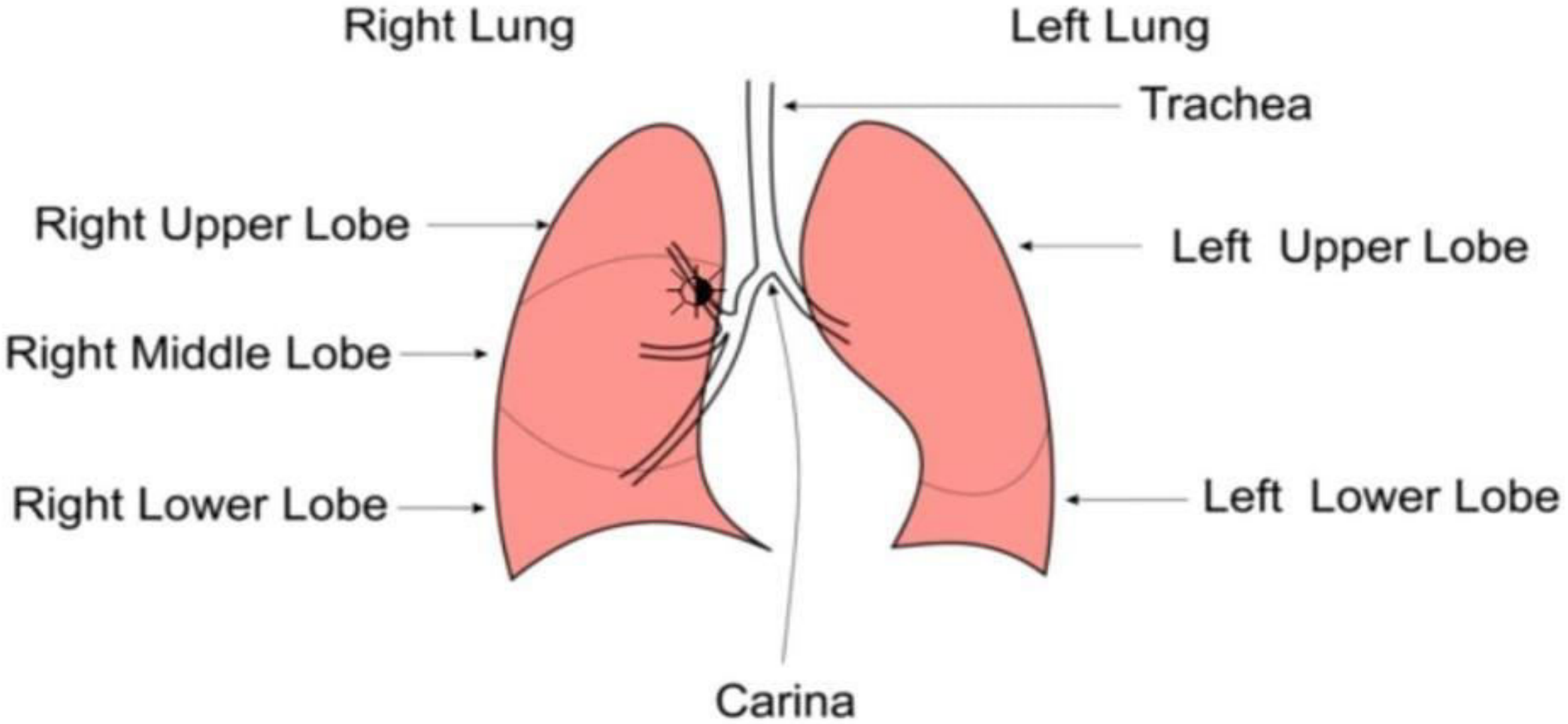
# Lung Atelectesis

# Atelectesis

- Simply lung collape
- May be complete or part of lung.
- Affects usually one lung.
- Result : Decrease Gaseous Exchange

# What Is Normal Physiology?

# Normal Lung Anatomy



# Types of atelectesis :

- On the basis of its time

a) acute

B) chronic

Division on the basis of causative agent

a) resorption

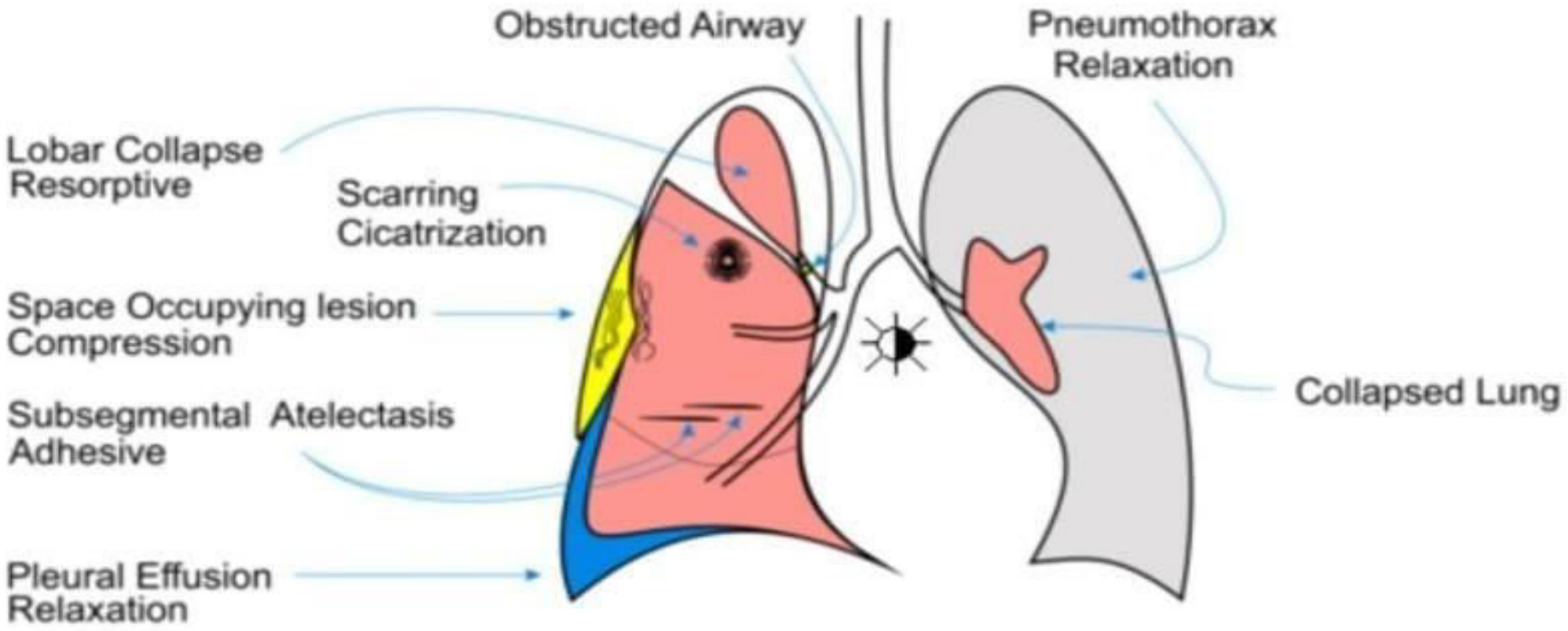
B) compression

C) contraction

# Atelectasis: Different Types

- Resorptive (Obstructive)
- Relaxation (Passive)
- Compressive
- Adhesive (Subsegmental)
- Cicatrization (Scarring)

## Different Types of Lung Atelectasis (Collapse)



# Causes of atelectesis

A) Obstructive

B) non Obstructive

# Pathophysiology of atelectesis

Blockage / Decrease in ventilation

↓

Obstruction Of air passage to alveoli

↓

Trapped air absorbed into blood

↓

Affected portion of alveoli become air less

↓

Alveoli collapse

↓

Atelectesis

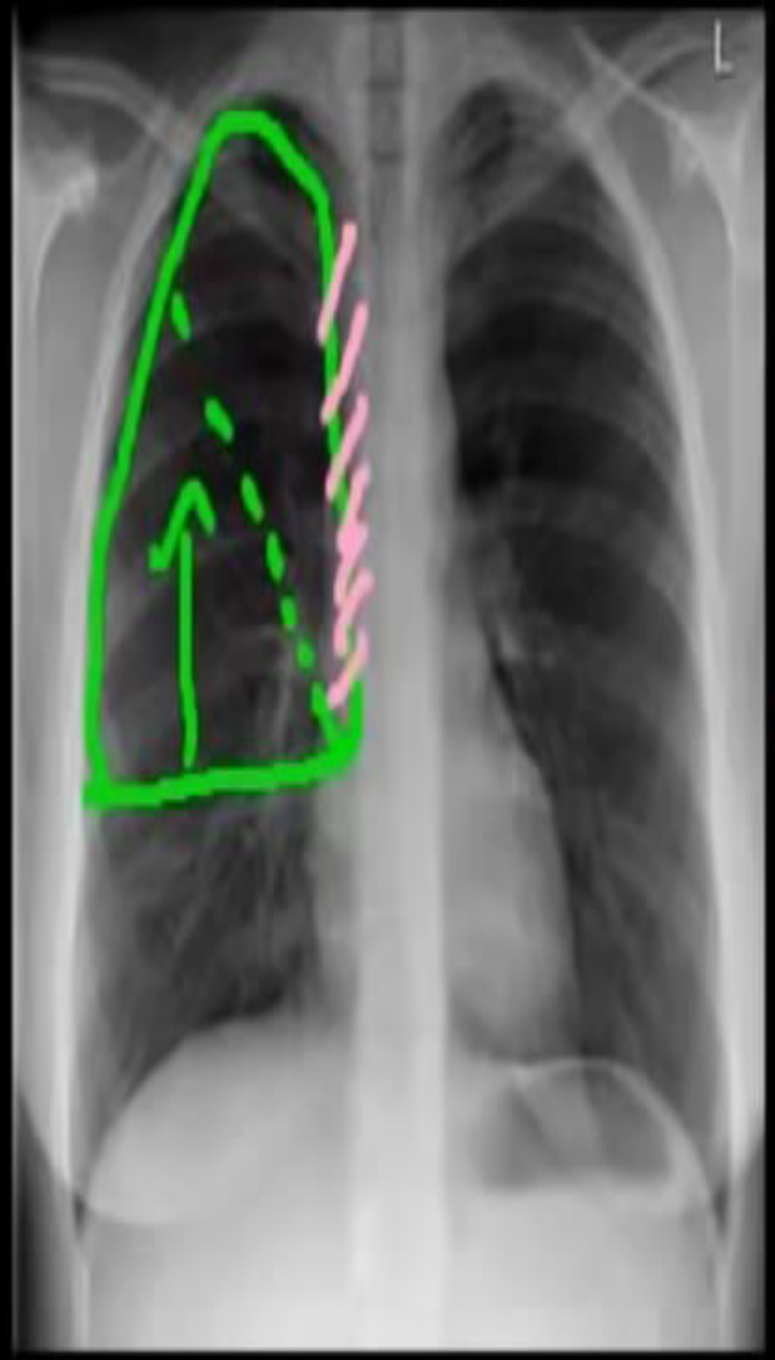
# Signs and symptoms of atelectesis

# Radiological investigation and findings of atelectesis.

# Atelectasis

## RUL

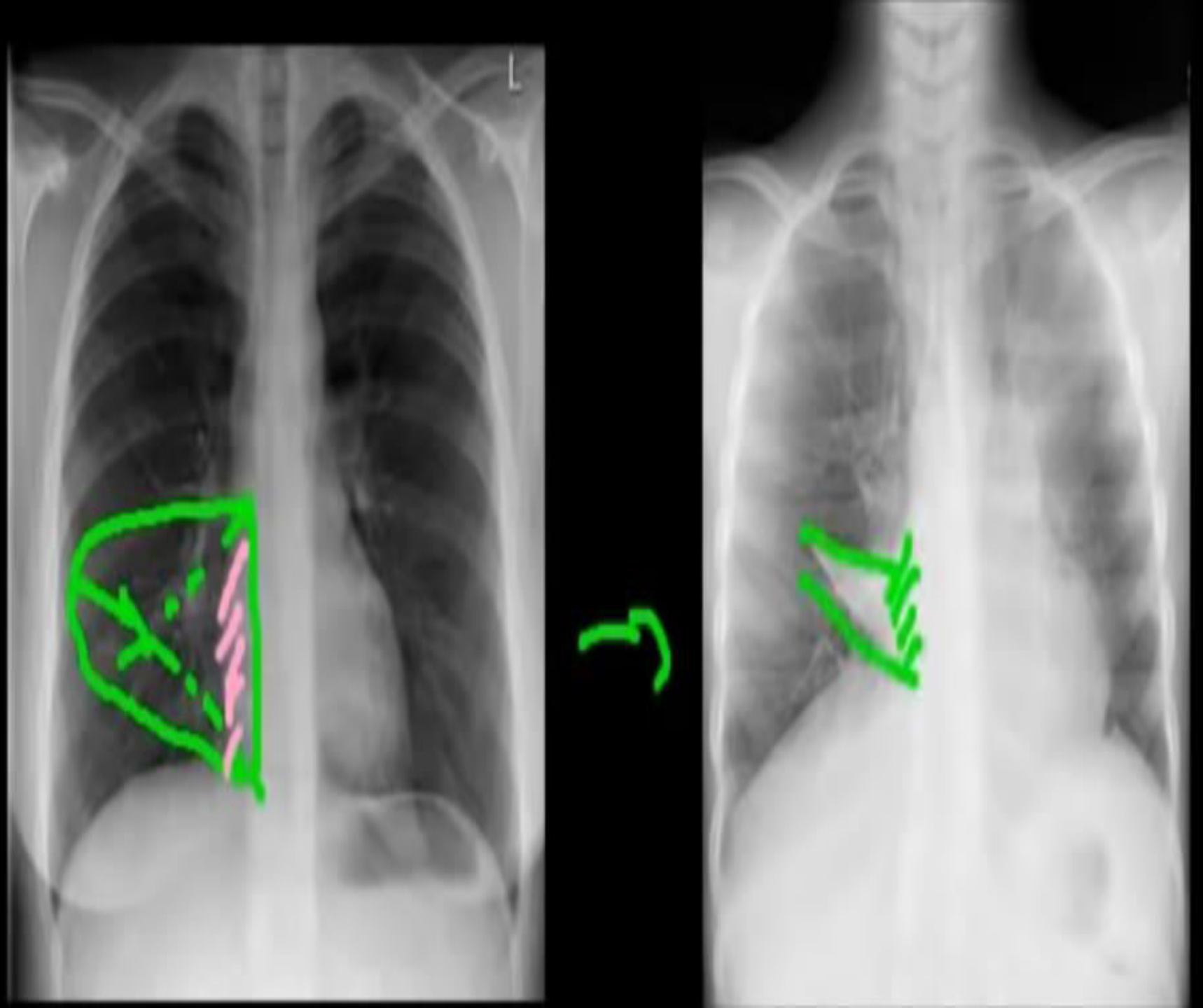
. The lobe fissure will move upward.
. Observe the mediastinum region




# Atelectasis

RML

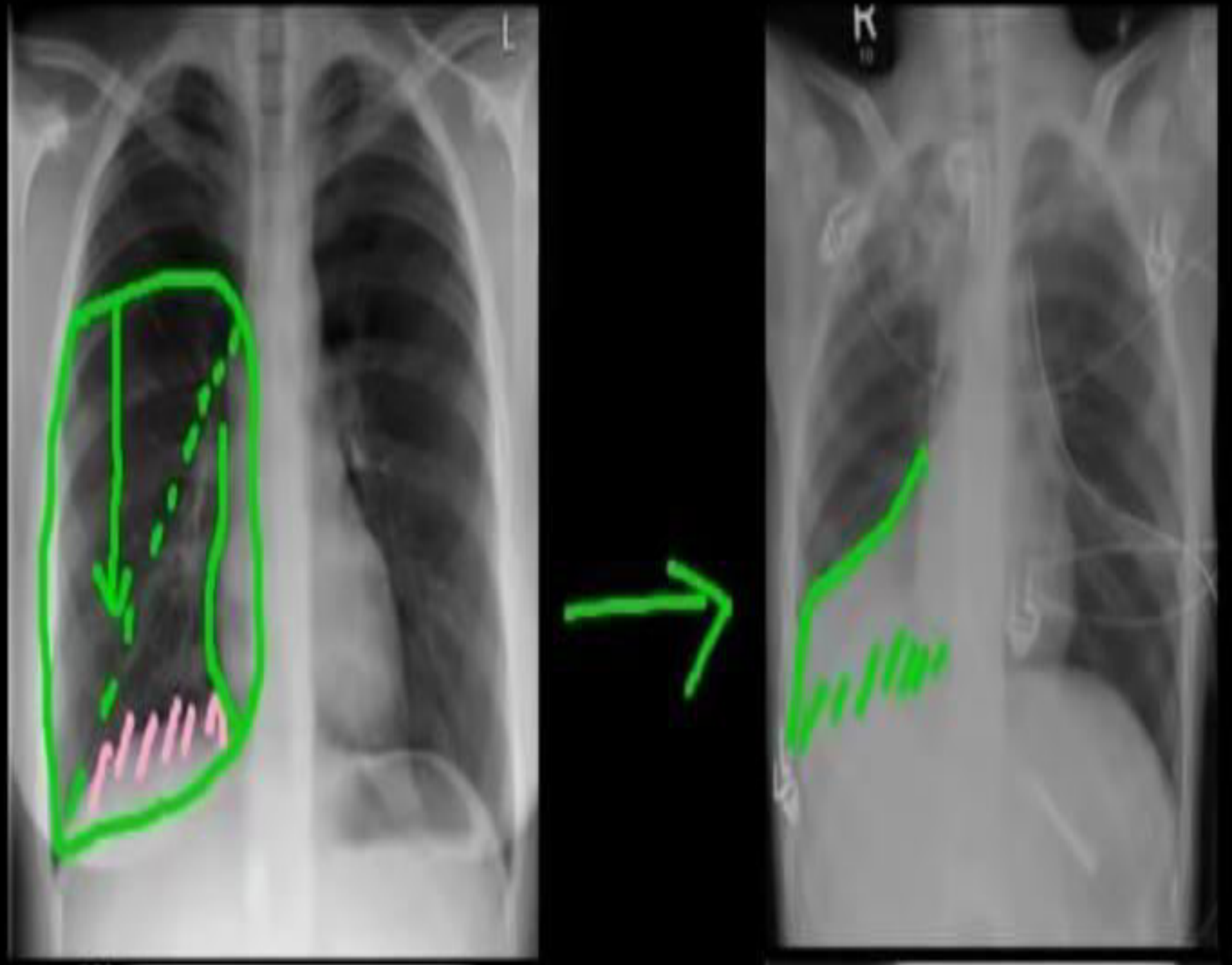
. The lateral border moves inward.
. Observe the right heart border.



# Atelectasis

## RLL

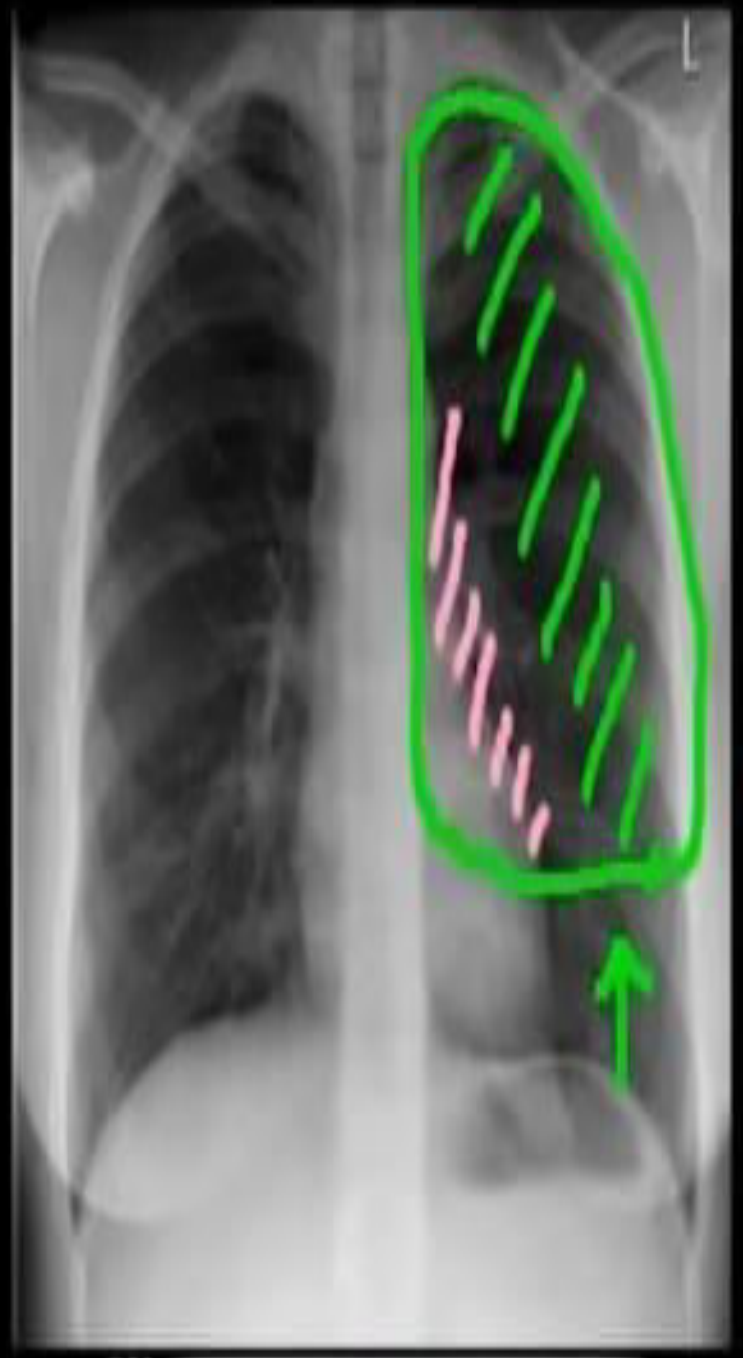
. The fissure move downward
. Observe the right diaphragm
. The right heart border is still visible.

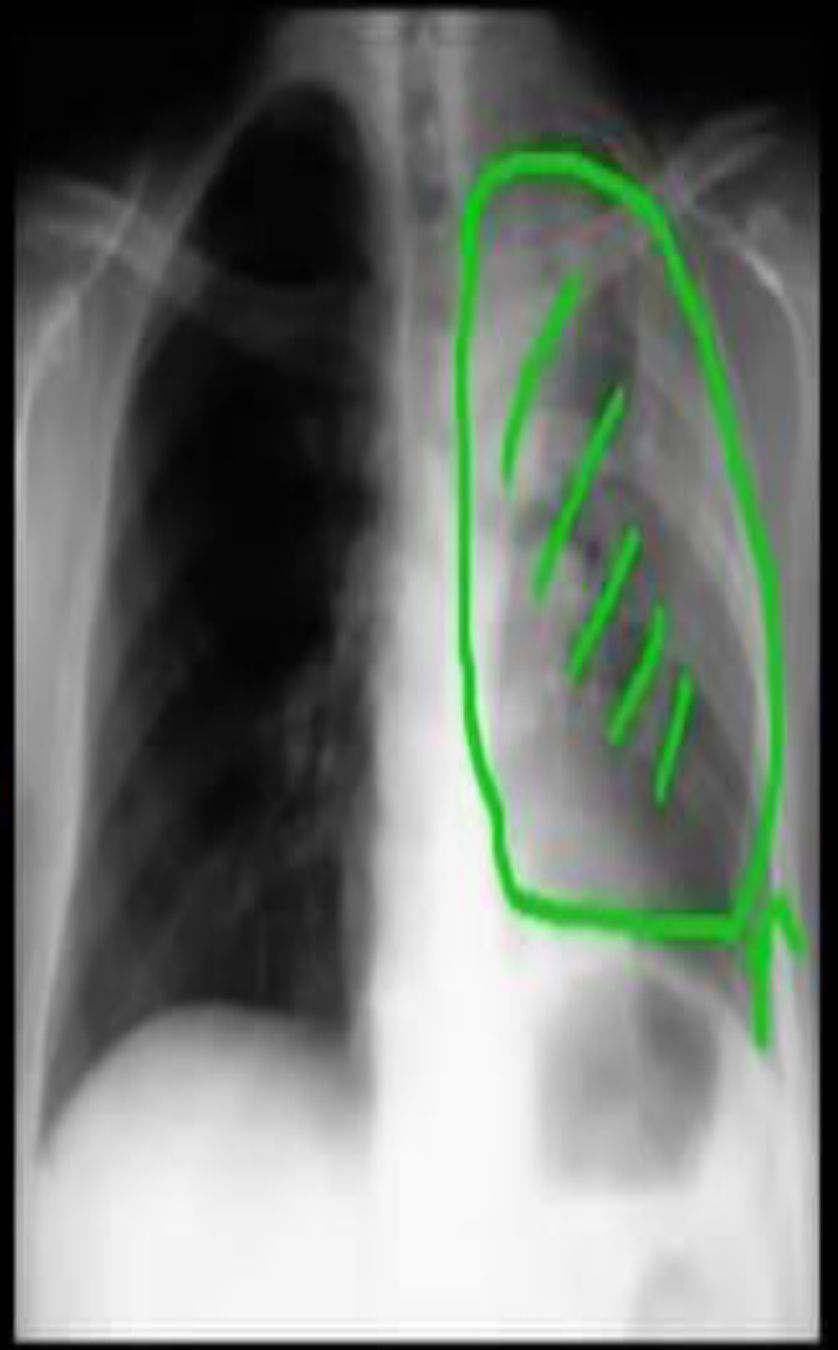


# Atelectasis

LUL

. No fissure diversion is observed
. Observe the left upper heart region
. Left diaphragm is elavated usually.

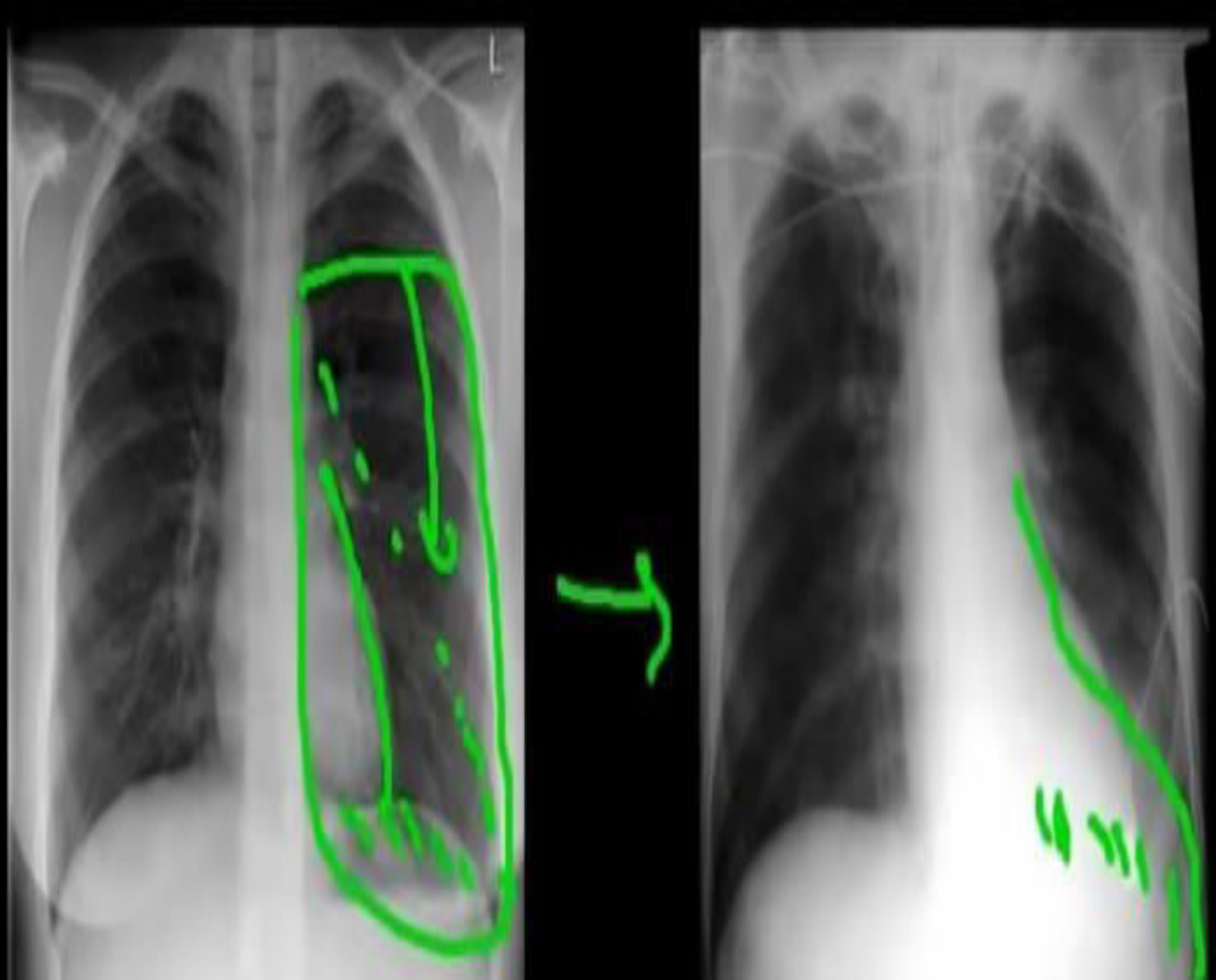




# Atelectasis

LLL

. The fissure move downward.
. Left heard border is usually visible
. Observe the left diaphragm region.

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