Lower Respiratory Infections: Bronchitis and Pneumonia

Biomedical Engineering - URJC

Rafa Carretero, MD, PhD

Internal Medicine Department

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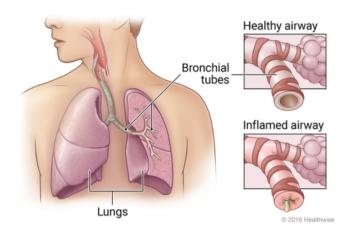


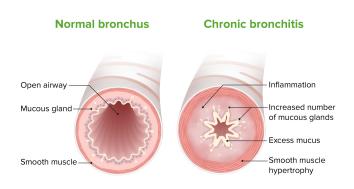
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- **Definition:** Self-limiting lower respiratory tract infection.
- Characteristics: Cough, sputum production, wheezing, or chest pain.
- Pathogenesis: Infection leads to hyperemic and edematous mucosa, increased mucus production, potential damage to respiratory epithelium.
- Causative Agents: Bacteria or viruses.
- Associated Conditions: Often follows upper respiratory tract infection, associated with diseases like influenza, pertussis, scarlet fever.





Bronchiolitis

Viral respiratory disease in **infants**, primarily caused by respiratory syncytial virus, occasionally by other viruses.

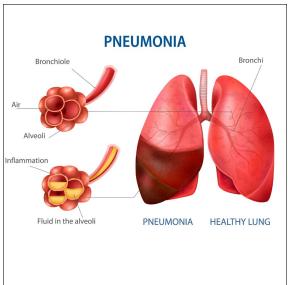
Diagnosis and Treatment

- Microbiologic Diagnosis: Sputum specimens cultured for bacteria, fungi, and viruses. Nasal washings for infants.
- **Treatment:** Symptomatic treatment; antibiotics if bacterial infection suspected.

Pneumonia Overview

- **Definition:** Inflammation of lung parenchyma with consolidation or interstitial lung infiltrates.
- **Symptoms:** Fever, cough, dyspnea, chest pain.
- Categorization: Based on causative organism.

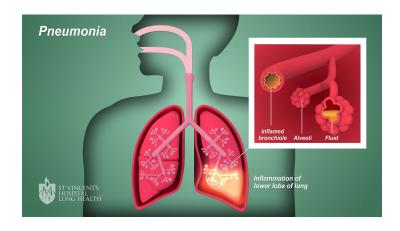
Pneumonia



Pneumonias can be classified attending to several criteria, such as distribution:

Distribution

- Lobar Pneumonia: Involves an entire lobe of the lung.
- Bronchopneumonia: Patchy alveolar process without filling an entire lobe.



But they also can be classified attending to clinical presentation:

Clinical presentation (I)

- Community-Acquired vs. Nosocomial: Different pathogens; different risk factors.
- Typical (pyogenic bacteria) Pneumonias: Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Klebsiella pneumoniae, etc.
- Atypical (intracellular bacteria) Pneumonias: Mycoplasma pneumoniae, Legionella species, Chlamydia spp, Coxiella burnetii.

More types of pneumonias:

Clinical presentation (I)

- Nosocomial Pneumonias: Common agents include Pseudomonas aeruginosa, Escherichia coli, Enterobacter, Proteus, Klebsiella species.
- **Tuberculosis:** Mycobacterium tuberculosis can cause pneumonia.
- Aspiration Pneumonias: Anaerobic organisms, often in patients with periodontal disease or depressed consciousness.

Pneumonia - Some Examples



Pneumonia - Some Examples



Pneumonia - Viral Pneumonias

Very common in winter (and nowadays):

- Influenza Virus: High mortality in elderly, can lead to secondary bacterial pneumonia.
- Respiratory Syncytial Virus: Serious pneumonia in infants, outbreaks in institutionalized adults.
- Varicella-Zoster Virus: Rare in children, common in individuals over 19 years old.
- Measles Pneumonia: May occur in adults.
- **COVID-19:** High mortality during the pandemic (2020-2022).

Pneumonia - Some Examples



Pneumonia - Other Pathogens

Common in immunosuppressed patients

- Cytomegalovirus, Actinomyces, Nocardia, Cryptococcus neoformans, Sporothrix schenckii, Blastomyces dermatitidis, Coccidioides immitis, Histoplasma capsulatum, Paracoccidioides brasiliensis, Aspergillus, Candida: Associated with pneumonitis.
- Pneumocystis carinii: Life-threatening pneumonia among immunosuppressed patients (VIH-AIDS).

Pneumonia - Some Examples



Pneumonia - Pathogenesis and Clinical Manifestations

- Infectious Agents' Access: Inhalation, aspiration, hematogenous seeding.
- **Major Symptoms:** Cough, chest pain, fever, shortness of breath, sputum production. Tachycardia.
- Other Symptoms: Headache, confusion, abdominal pain, nausea, vomiting, diarrhea (age and organisms dependent).

Pneumonia - Microbiologic Diagnosis

- **Diagnosis Challenge:** Clinical grounds alone insufficient.
- Bacterial Pneumonia: Sputum examination, blood, pleural fluid culture.
- **Viral Infection:** Antigen demonstration, cultures, antibody response.
- **Rapid Tests:** Available for respiratory viruses and bacteria.

Pneumonia - Prevention and Treatment

- **Prevention:** Pneumococcal vaccine for high-risk patients, yearly influenza vaccinations.
- **Treatment:** Directed at specific organism after identification. Considerations: exposure history, age, underlying disease, past pneumonias, severity of illness.