

Assessment based on
Respiratory system to be
answered on separate sheet and
mail to following email ID –

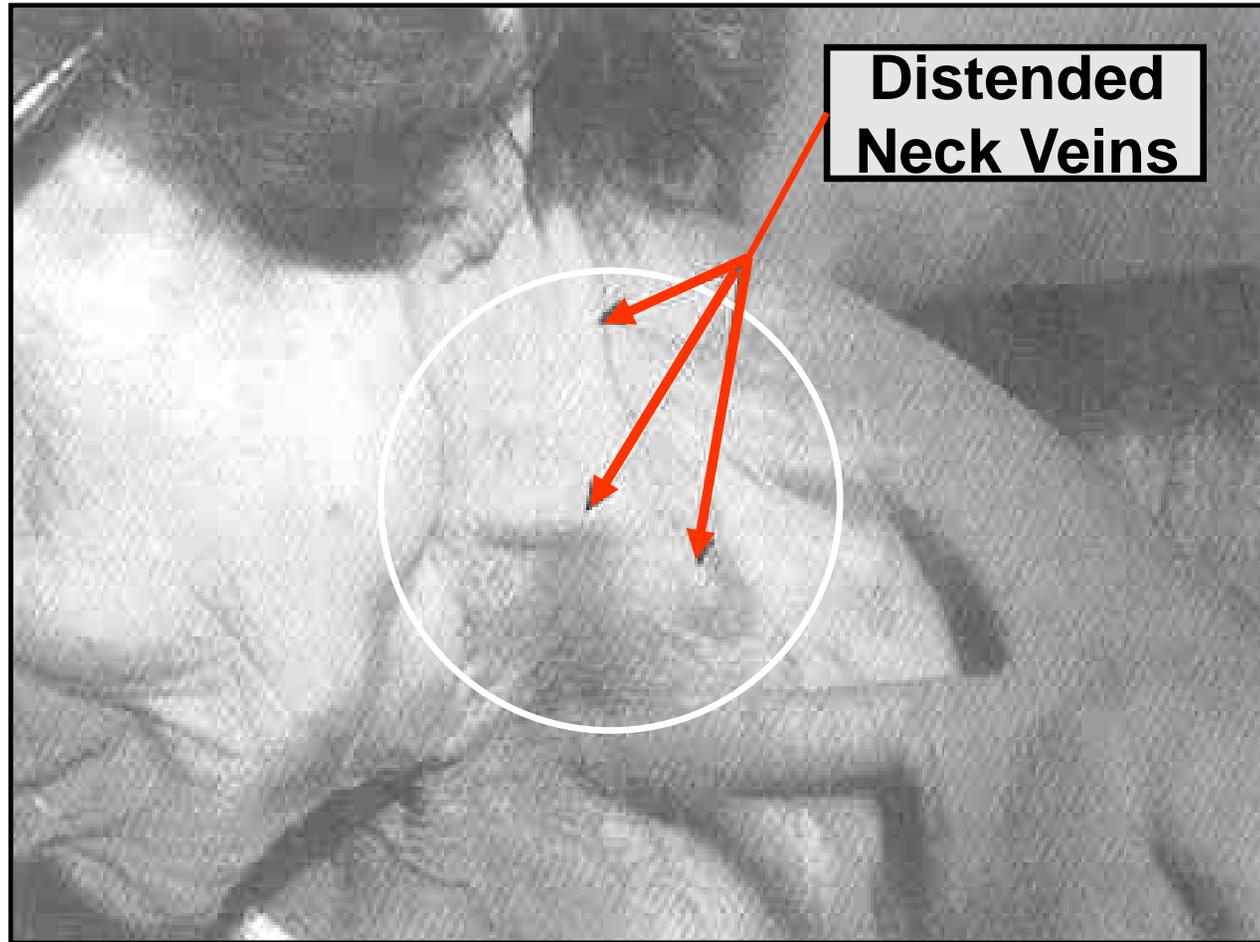
“sayeedulhasanarif@gmail.com”

Note - Last date for submission of assignment – 14/4/2020 by 8 PM

Problem base study



- 1. This Pictures show one of the important clinical feature. Name it**
- 2. This is commonly seen in which type of diseases?**



Write down the common causes of distended neck vein



What is this clinical sign?
Write down two causes

1. FEV – 1 is decreased in which group of Lung diseases

2. Chest wall disorder causes which group of diseases of Lung

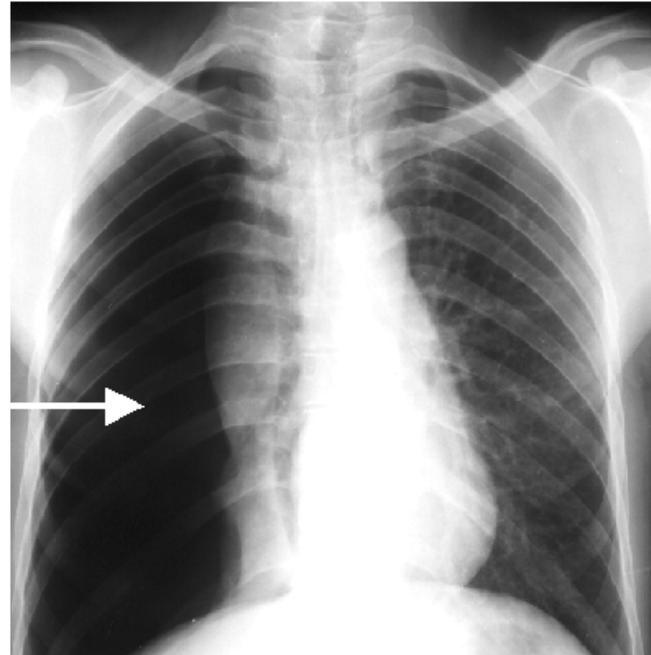
**4. more severe/ entire acinus
are involved, respiratory bronchioles,
commonly lower lobes/ bases (neutrophils
infiltration) alpha1AT deficiency**

What could be diagnosis?

**5. Infection - bacterial or viral
causes inflammation of bronchi
decreases lung function
leads to respiratory failure and death**

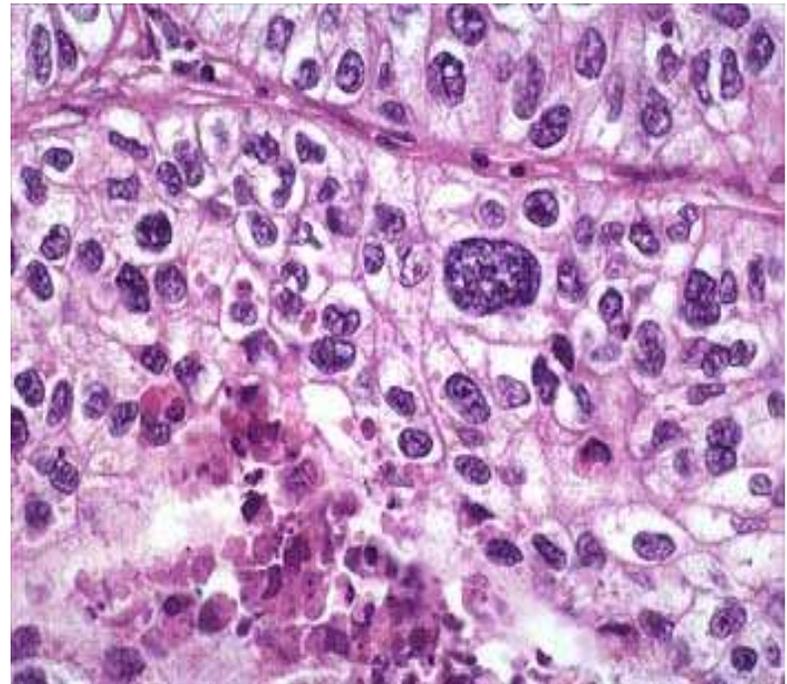
What could be diagnosis?

- A 27 year old male presents complaining of chest pain and shortness of breath. Hyper resonant percussion noted over the right side of chest, vocal fremitus absent on right side; breath sounds absent on right side.
- What could be diagnosis?

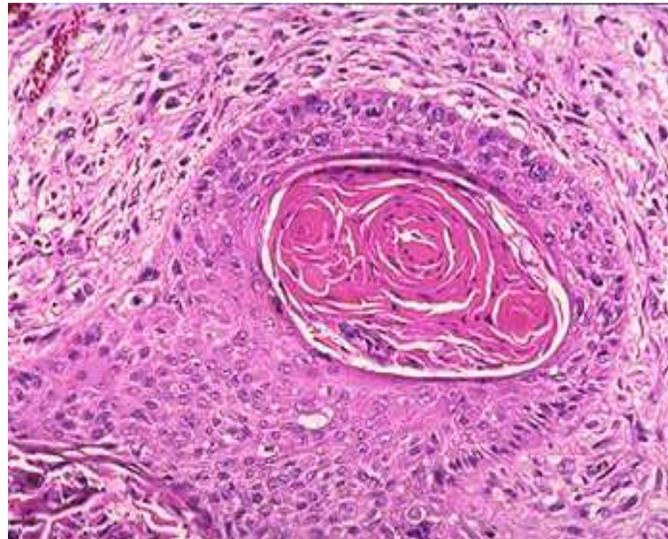


- 64 year old male, smoker who required a 3 vessel coronary artery bypass previously and now presents with anterior chest pain. Chest X-ray and chest CT reveal a left upper lobe mass
- What could be diagnosis?

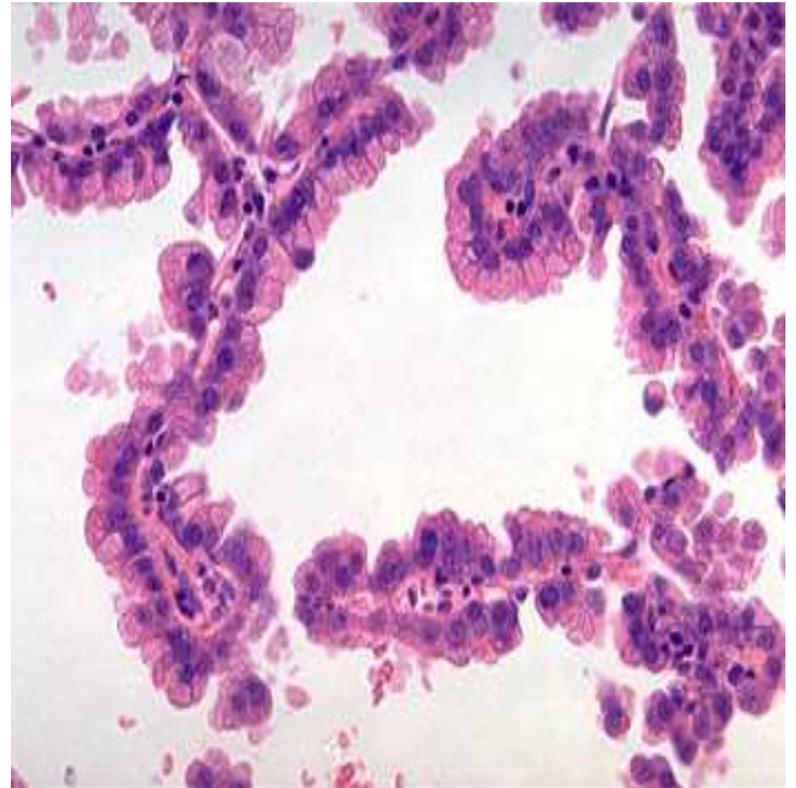
- *Highly anaplastic undifferentiated tumor peripheral location or poor response to chemo, not likely to metastasize*
- What could be diagnosis?



- *centrally located fast grower with LATE metastasis, keratin pearls, cavitation or parathyroid (PTHrP) like activity*
- What could be diagnosis?

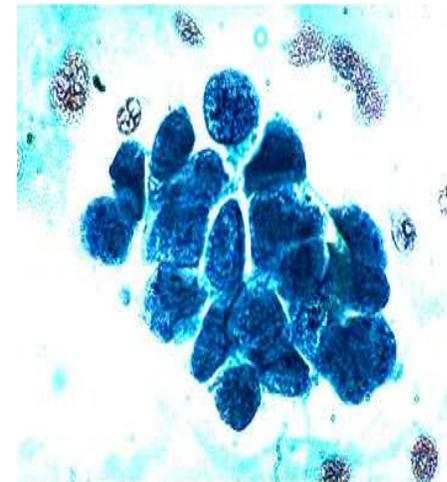


- **Women, never smokers, asians** → periphery, sharp coin lesion 3-4cm
- What could be diagnosis?



- *majority found centrally and some at periphery associated to smoking, aggressive w/ prd of ACTH & ADH, response to chemo but metastasize (most aggressive), all will be diagnosed as high grade tumors, necrosis common and extensive in this highly undifferentiated tumor, hyperchromatic nucleus w/ no nucleoli molding/ crush artifact high mitotic rate or c-MYC mutation*

- What could be diagnosis?



An 8-year-old boy at birth appeared to be a normal term baby, but his neonatal course was complicated by the development of meconium ileus. His sweat chloride and immunoreactive trypsinogen are both found to be elevated. Throughout childhood he has experienced multiple increasingly severe bouts of pneumonia with a productive cough, often with *Pseudomonas aeruginosa*, and later *Burkholderia cepacea*, cultured from sputum. He is at greatest risk for development of which of the following pulmonary abnormalities?

- A Adenocarcinoma
- B Bronchiectasis
- C Lymphangiectasis
- D Pleural fibrous plaques
- E *Pneumocystis jiroveci* pneumonia
- F Pneumothorax

A 70-year-old woman at an extended care facility for the past two years has increasing inability to perform activities of daily living. She can no longer recognize family members. She is lethargic and spends most of her days in a wheelchair or in bed. She develops an acute febrile illness and is noted to be coughing up increasing quantities of yellowish sputum. Her temperature is 38°C. A chest x-ray shows infiltrates involving the left lower lobe. A sputum sample shows numerous neutrophils and gram-positive diplococci. Which of the following infectious agents is most likely to cause her pulmonary disease?

- A *Pneumocystis jiroveci*
- B *Listeria monocytogenes*
- C *Cryptococcus neoformans*
- D *Mycobacterium tuberculosis*
- E *Legionella pneumophila*
- F *Staphylococcus aureus*
- G *Streptococcus pneumoniae*

On the 11th postoperative day following a radical prostatectomy for adenocarcinoma, a 70-year-old man is recovering uneventfully. He then ambulates to the bathroom, but upon returning to his bed he suddenly becomes extremely dyspneic and diaphoretic, with chest pain, palpitations, and a feeling of panic. Which of the following post-operative pulmonary complications has he most likely developed?

- A Pulmonary edema
- B Pleural effusion
- C Atelectasis
- D Thromboembolus
- E Diffuse alveolar damage

A 58-year-old man has developed a non-productive cough worsening over the past 2 months. Last week he noted the appearance of blood-streaked sputum. On physical examination there are some expiratory wheezes auscultated over the left lung. A chest radiograph reveals a 5 cm mass near the left lung hilum. A sputum cytology reveals the presence of small clusters of very hyperchromatic, pleomorphic cells with scant cytoplasm. Which of the following is the most likely predisposing factor to development of his pulmonary disease?

- A Silicosis
- B Radon gas exposure
- C Smoking
- D Chronic bronchitis

A 64-year-old man has a 90 pack year history of smoking. For the past 5 years, he has had a cough productive of copious amounts of mucoid sputum for over 3 months at a time. He has had episodes of pneumonia with *Streptococcus pneumoniae* and *Klebsiella pneumoniae* cultured. His last episode of pneumonia is complicated by septicemia and brain abscess and he dies. At autopsy, his bronchi microscopically demonstrate mucus gland hypertrophy. Which of the following conditions is most likely to explain his clinical course?

- A Small cell carcinoma
- B Congestive heart failure
- C Chronic bronchitis
- D Bronchial asthma

A 66-year-old man has had increasing dyspnea for the past year. He is retired from the construction business. There are some rales auscultated in both lungs on physical examination. A chest radiograph reveals bilateral diaphragmatic pleural plaques with focal calcification as well as diffuse interstitial lung disease. A sputum cytology shows no atypical cells, only ferruginous bodies. Pulmonary function studies reveal a low FVC and a normal FEV1/FVC ratio. These findings are most likely to suggest prior exposure to which of the following environmental agents?

- A Cotton fibers
- B Silica dust
- C Fumes with iron particles
- D Asbestos crystals
- E Beryllium
- F Black mold spores

A 58-year-old man has been a smoker for 40 years. He has worsening orthopnea over the past year. On examination he has a body mass index of 35. He is afebrile. His blood pressure is 165/110 mm Hg. Auscultation of his chest reveals rales in lower lung fields bilaterally. A chest x-ray shows bilateral lower lobe infiltrates and a prominent left heart border. Laboratory studies show his Hgb A1C is 10%. Which of the following pulmonary problems is he most likely to have?

- A Pneumonia
- B Fibrosis
- C Atelectasis
- D Pulmonary Edema
- E Emphysema