

# DISPNEEA-SIMPTOM CARDINAL IN MEDICINA INTERNA

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# Dispneea

- Def: constientizarea unei dificultati in respiratie.
- Poate fi descrisa drept: sufocare, respir. spf. , expir incomplet, efort respir<sup>↑</sup>, constricție toracica
- Cauze posibile:
  - Reducere complianta pulm
  - crestere rezistenta la fluxul de aer
- Mecanisme complexe: (mecanoreceptori, chemoceptori, componenta emotionala)

# Cauze dispnee

- Respiratorie

- cai aeriene: BPOC, astm, brect, fibr chistica, tumora Fg/Lg, pareza corzi vocale bilat, obstr/stenoza traheala, traheomalacie, AR cricoaritenoid.

- parench pulm: b pulm interst, infectii, ARDS, tumori infiltr/metastatice, pneumotorax

- circ pulm: TEP, HTP cr trombembolica, malform AV pulm, arterita pulm

- perete thx, pleura: pleurezie masiva, ascita, tm pleurala, fract costale, pneumotorax, spondilita ank, cifoscolioza, boli neuromusc, pareza dfrgm bilat

# Cauze dispnee (2)

- Cardiaca:
  - IVS, boala mitrala, cardiomiopatii, lichid pericardic sau peric constrict, shunt intracardiac
- Non cardiorespirator: anemie, ,acidoza metab compensata resp, lez hipotalamice, psihogena

# Cateva clue-uri pt dg etiologic

- Dispnee cardiaca;
  - anteced de boli cardiace(ex:IM, HTA)
  - consumator alcool (CMD)
  - ortopnee, dispnee parox noct
  - ↑ proBNP
- Dispnee pulmonara:
  - anamneza-suferinta respiratorie cronica
- Dispneea asociata cu anxietatea:
  - nu pot inspira complet
  - respiratii adanci, punctate de oftat/suspinat
  - “nod in gat”, amorteli periorale, comportament teatral
  - dg de excludere!!! (pac poate fi f anxios din cauza hipoxemiei)

# Intrebari pt pacientul dispneic

- De cand?
- Toleranta efort
- Ortopnee?dispnee parox noct?
- Anteced cardiace/respir?
- Febra?
- Fumat?
- Inspiratorie/expiratorie?

## Intrebari pt pacientul dispneic (2)

- Angor?
- Wheeze/tuse?
- Anxietate?
- Debut f rapid (TEP) sau instantaneu (pneumothx)

# Clasificarea NYHA a dispneei

- Clasa I: fara dispnee/doar la eforturi mari
- Clasa II: dispnee la efort moderat;nu are dispnee la eforturi uzuale
- Clasa III: dispnee la efort minim;are dispnee la eforturi uzuale
- Clasa IV: dispnee la repaus



# Dg dif dispnee bazat pe durata

- Sec/min:
  - astm,TEP, pneumothx,EPA, anafilaxie, corp strain
- Ore/zile:
  - BPOC,ICC,astm,infectie respir, pleurezie, acidoza metab
- Saptamani/luni:
  - b pulm interst, BPOC, pleurezie, anemie

# Dg dif dispnee debut acut (dupa elem clinice asociate)

- Prezenta durerii pleurale:
  - pneumothx, pleurezie, pneumonie, TEP, traum
- Absenta durerii thx:
  - EPA, acidoza metab, TEP
- Prezenta durere retrosternala:
  - IMA, ICC, TEP
- Prezenta wheeze:
  - astm, inhalare iritanti br, BPOC
- Prezenta stridor:- obstr cai aer sup

# Caracteristici BPOC

- Istoric
  - fumat
  - tuse productiva cronica, dispnee, wheeze
- Ex clinic
  - tahipnee/buze tuguiate/cianoza/aplecat anterior (brate pe genunchi)/tiraj supraclav sau intercostal/semn Hoover/cart tiroid deplasat inf in inspir (tracheal tug)

# Dispneea cardiaca

- Este tipic cronica
- Initial apare la efort, apoi si in repaus
- Mecanism: debit VS nu  $\uparrow$  la efort  $\rightarrow$   $\uparrow$  presiune telediastolica VS  $\rightarrow$   $\uparrow$  pres vv pulm  $\rightarrow$  acumul lichid in spatiul interstitial  $\rightarrow$   $\downarrow$  complianta pulmonara

# Forme specifice (ortopneea si dispneea paroxistica nocturna)

## Ortopneea

- dispneea apare in clinostatism
- Pacientii dorm in fotoliu sau pe mai multe perne
- In pozitie ridicata edemul se distribuie in zonele declive ale plamanului, iar zonele superioare se ventileaza mai bine

# Dispneea paroxistica nocturna

- Dispnee severa, care trezeste pacientul
- ↓debit VS
- In clinostatism se resorb edemele
- Dispneea acuta poate apareea si in : edem pulmonar acut; trombembolism pulmonar

# Cauze rare de ortopnee

- Ascita masiva
- Sarcina
- Paralizia diafragmatica bilaterala
- Epansamentul pleural masiv
- Pneumonia severa





# Patternuri respiratorii anormale

Tipuri de respiratie	cauze
Apnee in somn-stop flux aer >10 sec >10 ori pe noapte	Obstructiva (ex:obezitate,amigdale Htrof, modif t conj Fg in acromegalie si hipotiroidism
Cheyene Stokes-per de apnee (asoc cu alter constientei) alternand cu per de hiperpnee (asoc cu agitatie)	IVS,leziuni cerebrale,altitudine mare
Kussmaul (foamea de aer)- respir ample,rapide	Acidoza metab(ex: DZ,IRC)
Hiperventilatie, cu alcaloza,tetanie,parestezii periorale	anxietate
Ataxica (Biot)	Leziuni trunchi cerebral
Paradoxala (abdomen aspirat in int in inspir)	Paralizie diafragm
Apneustica-pauza postinspiratorie	Leziune pontina

# DISPNEEA CA SITUATIE DE URGENTA

- Unele (nu toate) situatiile de dispnee=urgenta.
- Pacientul trebuie considerat urgenta pana la proba contrarie
- Patologii cu risc vital-exemple: TEP, IMA, obstructiile cai aeriene, anafilaxia, tamponada cardiaca, pneumotorax, pleurezie masiva
- De identificat rapid cauza:  
respiratorie?cardiaca?alta?
- Dispneea psihogena=dg de excludere

# EVALUARE CLINICA IN URGENTA

- Semne vitale: fr respir, TA, puls, febra
- Asp general: obez, casedic, traumatism, gravida, pozitie .
- Tegumente: palid, cianotic, hipocratism digital, emfizem subcut
- Gat: jugulare turgescence, stridor
- Ex torace: inspectie, ampliatii, sonoritate, raluri, m.v., raport I/E

# EVALUARE PARACLINICA

- Hemograma: leucocitoza, anemie
- proBNP; D dimeri
- Enzime citoliza mioc: troponina, CK, CK-MB
- Gaze sanguine : pulsoximetru, Astrup
- RX toracic: infiltrate, colectii pleurale, atelectazie, pneumotorax, cardiomegalie,etc
- EKG: IMA, TEP, microvoltaj
- CT pulmonar- cu subst contrast, +/- cupe fine

CLIVE  
OWEN JULIETTE  
BINOCHÉ

In  
der Liebe  
und in  
der Kunst  
ist alles  
erlaubt

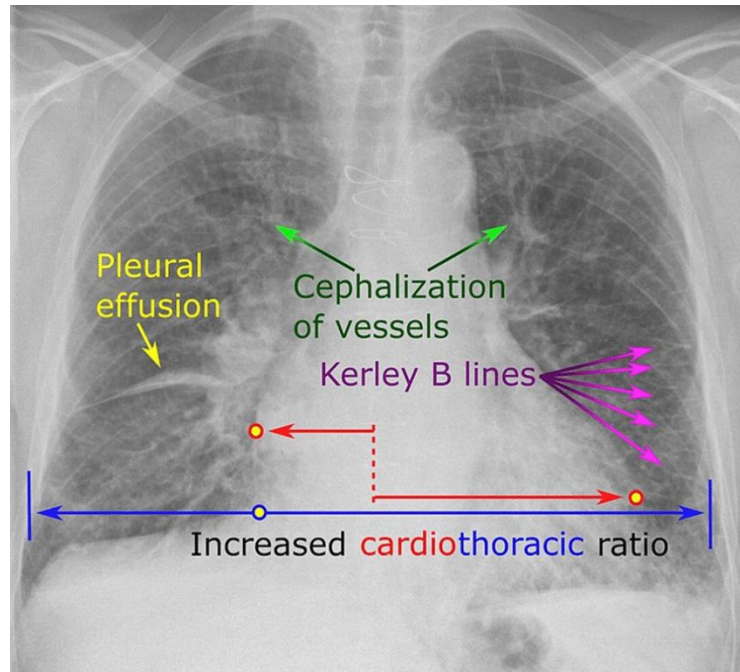
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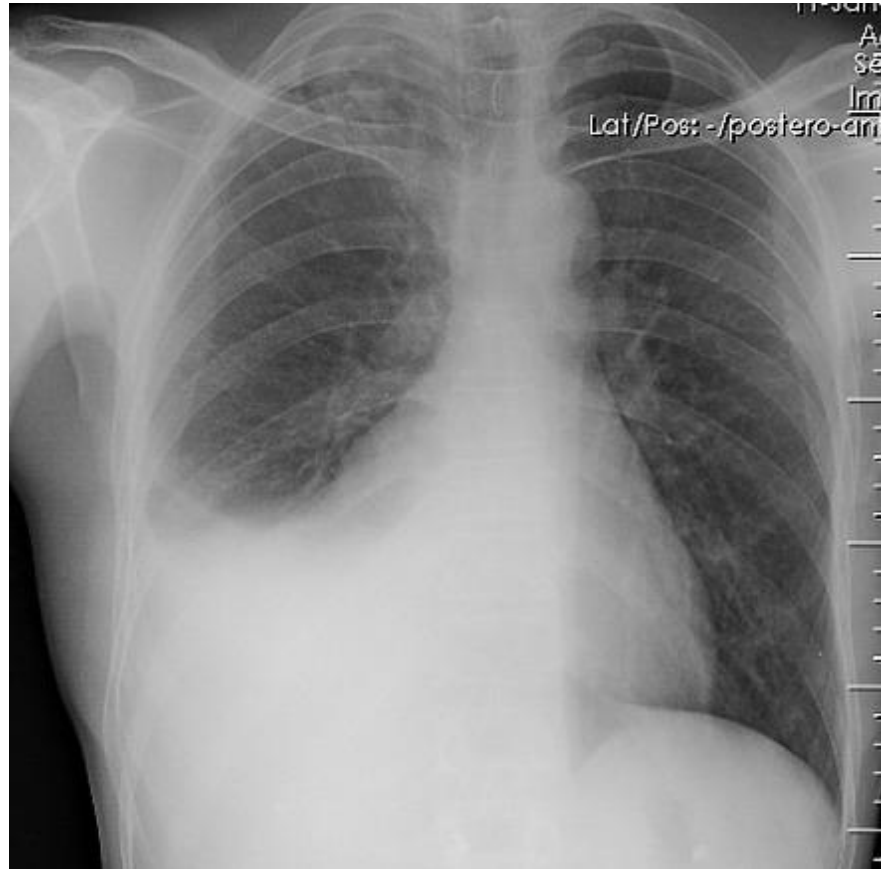
# INSUFICIENTA CARDIACA



# PNEUMONIE

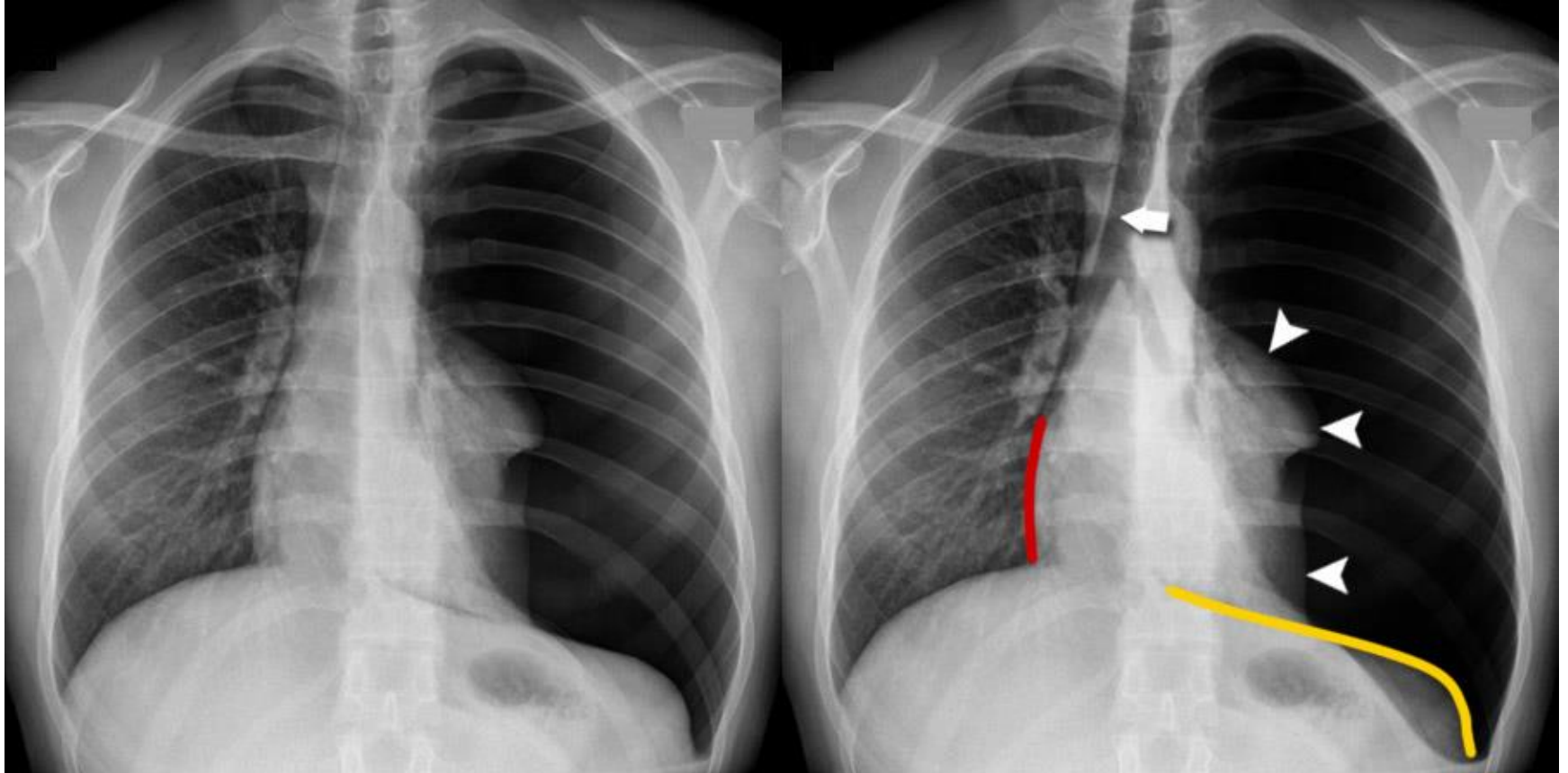


# PLEUREZIE A MARIII CAVITATI

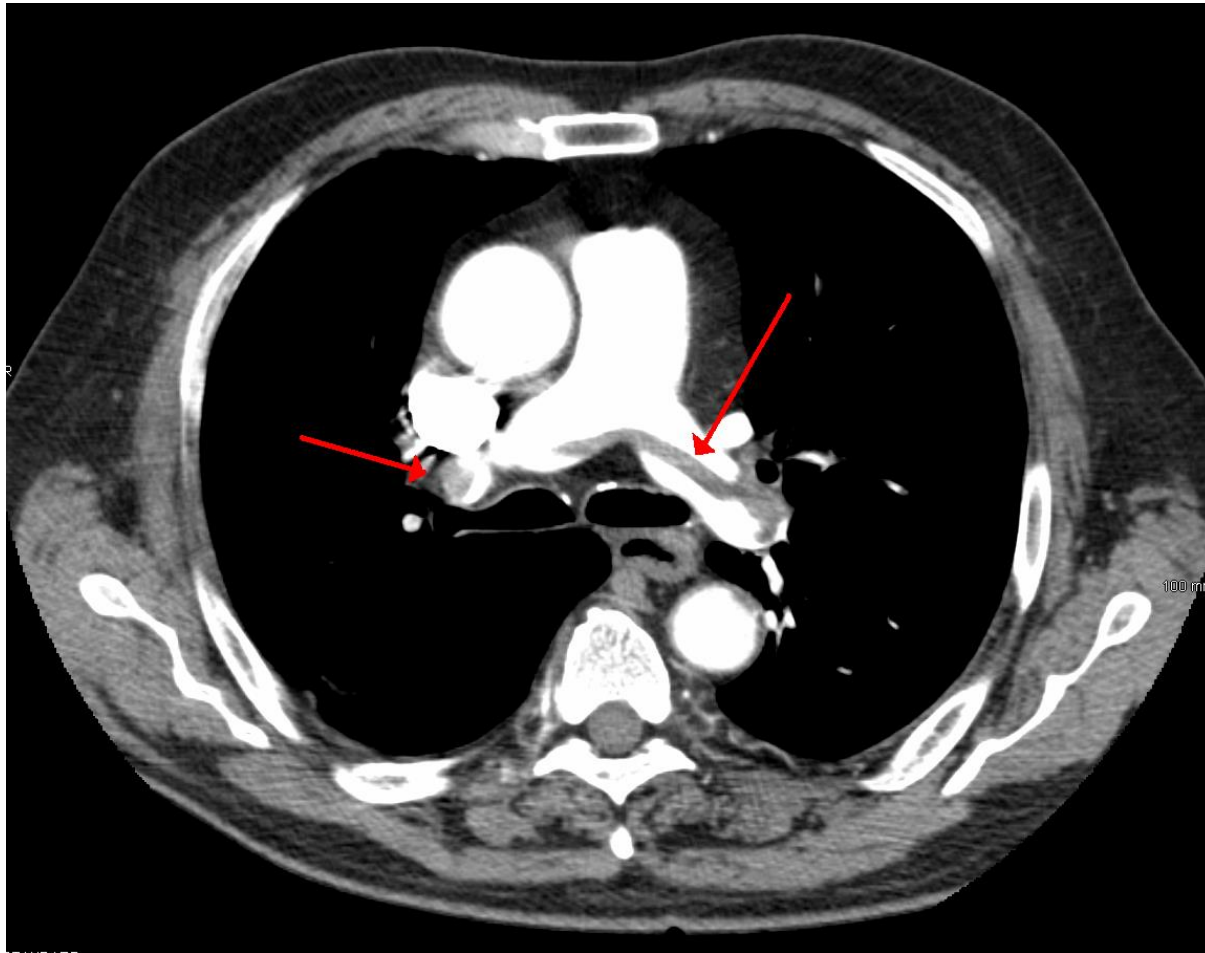




# PNEUMOTORAX



# TROMBEMBOLISM PULMONAR



SI CATEVA EXEMPLE CLINICE:

# Caz nr 1:

- Barbat, 58 ani, fumator 40 UAP
- Tuse productiva in sezonul rece de peste 20 ani
- In ultimii 7 ani tusea asociaza wheezing
- Acum: dispnee, wheezing, tuse productiva, stare subfebrila
- Ex clinic: expir prelungit, sibilante+ronflante difuz

## Caz nr 2:

- Femeie, 84 ani
- De 20 ani dg: stenoza aortica aterosclerotica
- De 5 ani-fibrilatie atriala
- Tratatamentul cardiologic-urmat intermitent; dieta nerespectata (sarbatorile de iarna)
- Pe 2 ian-UPU: dispnee la minim efort si repaus, ortopnee, dispnee parox noct
- Edeme MI
- Ex clin: subcrepitante bazal bilat, tahicardica , suflu sistolic aortic, jugulare turgescence, hepatomegalie, edeme MI

## Caz nr 3:

- Femeie , 52 ani, fractura tibie dr operata recent (7 zile)
- Tromboza venoasa profunda gamba stg postoperator
- Dupa 3 zile: dispnee brusc instalata, anxietate
- Ex clinic: fara raluri, tahic sinus (120/min), SaO2= 88% aa
- EKG: P pulmonar, brd minor
- CT pulm cu subst K: TEP

## Caz nr 4:

- Femeie, 32 ani, fara APP
- Conflict conjugal recent
- Asociat cu consum etanol (afirmativ moderat)
- Dispnee descrisa ca “nod in gat”, parestezii periorale si ale extremitatilor; anxietate, comportament teatral.
- Ex clinic normal
- EKG, SaO<sub>2</sub>, RX pulm –normale.

