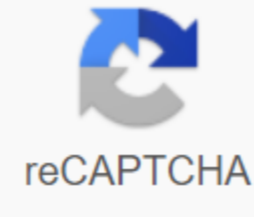




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Pneumonia types pdf

This article is about the classification of pneumonia. For the disease itself, see Pneumonia. PneumoniaA chest X-ray showing a very noticeable wedge-shaped bacterial pneumonia in the right lung Specialitypulmonology of pneumonia can be classified in several ways, most often where it was acquired (hospital vs. community), but can also be on the lung area of the affected or causal organism. There is also a combined clinical classification that combines factors such as age, risk factors for certain microorganisms, the presence of underlying lung disease or systemic disease, and whether a person has recently been hospitalized. By location acquired by community acquired Main article: Community Acquired Pneumonia Community Acquired Pneumonia (CAP) is an infectious pneumonia in a person who has not recently been hospitalized. CAP is the most common type of pneumonia. The most common causes of CAP vary depending on a person's age, but they include Streptococcus pneumonia, viruses, atypical bacteria, and hemophilic flu. In general, streptococcal pneumonia is the most common cause of acquired pneumonia worldwide. Gram-negative bacteria cause CAP in some risk populations. CAP is the fourth most common cause of death in the United Kingdom and the sixth in the United States. The term walking pneumonia has been used to describe the type of community-acquired pneumonia of lesser severity (because the patient can continue walking rather than requiring hospitalization). Walking pneumonia is usually caused by the atypical bacterium, Mycoplasma pneumonia. The main article acquired by the hospital: the hospital's acquired pneumonia, also called nosocomial pneumonia, is pneumonia acquired during or after hospitalization due to another disease or procedure with the onset of at least 72 hours after hospitalization. Causes, microbiology, treatment and prognosis are different from the causes of pneumonia acquired by the community. Up to 5% of patients hospitalized for other reasons subsequently develop pneumonia. Hospitalized patients may have many risk factors for pneumonia, including mechanical ventilation, prolonged malnutrition, underlying heart and lung disease, decreased gastric acid and immune disorders. In addition, the microorganisms to which a person is exposed in the hospital are often different from those found at home. Hospital-acquired microorganisms may include resistant bacteria such as MRSA, Pseudomonas, Enterobacter and Serratia. Since people with pneumonia acquired in hospitals tend to have underlying diseases and are exposed to more dangerous bacteria, it is generally more deadly, pneumonia acquired by the community. Pneumonia associated with a ventilator (VAP) is a subset of pneumonia acquired in the hospital. VAP is pneumonia that occurs after at least 48 hours of inoatization and mechanical ventilation. Because of pneumonia has characterized as typical or atypical depending on the perception of symptoms and therefore the intended underlying organism. An attempt to make this distinction based on symptoms, however, has not been established to be accurate and the American Thoracic Society does not recommend its use. Bronchiolite oblitere, which causes bronchiolite pneumonia, which organizes pneumonia (BOOP), is caused by inflammation of the small airways of the lungs. It is also known as the cryptogenic organizing pneumon (COP). Eosinophil pneumonia eosinophil pneumonia is an invasion of the lungs of eosinophils, a special kind of white blood cell. Eosinophil pneumonia often occurs in response to parasite infection or after exposure to certain types of environmental factors. Chemical pneumonia Chemical pneumonia (commonly called chemical pneumonitis) is caused by chemical toxins, such as pesticides, which can enter the body when inhaled or exposed to the skin. When the toxic substance is oil, pneumonia can be called lipid pneumonia. Aspiration pneumonia Aspiration pneumonia (or aspiration pneumonia) is caused by aspiration of foreign objects, which are usually oral or gastric contents, either during meals, or after reflux or vomiting, leading to bronchopneumone. As a result, pneumonia is not an infection, but can contribute to one, since the aspirated material may contain anaerobic bacteria or other unusual causes of pneumonia. Aspiration is the leading cause of death among patients in hospitals and nursing homes, as they often fail to adequately protect their airways and may otherwise have protective disorders. Dust Dust Pneumonia describes disorders caused by excessive exposure to dust storms, especially during the Dust Bowl in the United States. With dust pneumonia, dust settles all the way into the alveoli lungs, stopping the cilia from moving and preventing the lungs from ever clearing itself. Necrotizing pneumonia, although intersected with many other classifications, necrotizing pneumonia involves pneumonia, which cause significant necrosis of lung cells and sometimes even an abscess of the lungs. The bacteria involved are extremely common anaerobic bacteria, with or without additional facultative anaerobic ones like Staphylococcus aureus, Klebsiella pneumonia and streptococcus pyogenes. Pneumococcus type III bacteria are sometimes implicated. Opportunistic Pneumonia This group includes those who often affect people with weakened immunity, such as people with AIDS and people receiving severe chemotherapy for cancer. The main pathogens are cytomegalovirus, pneumocystis jiroveci, mycobacteria avi-intracellular, invasive aspergillosis, invasive candidiasis, as well as the same infectious agents that affect healthy Double Pneumonia (Bilateral Pneumonia) is a historical term for acute lung injury (ALI) (ALI) acute respiratory distress syndrome (ARDS). However, the term was, and especially laymen, is still used to refer to pneumonia affecting both lungs. Accordingly, the term double pneumonia is more likely to be used to describe bilateral pneumonia than ALI or ARDS. Severe Acute Respiratory Syndrome Severe Acute Respiratory Syndrome (SARS) is a highly contagious and fatal type of pneumonia that first occurred in November 2002 after initial outbreaks in China caused by SARS-CoV/TORS-CoV-1, which almost disappeared by May-2004. The second SARS-CoV-2 outbreak began in December 2019 in Wuhan, China, and was declared a pandemic by WHO on 11 March 2020. SARS is caused by SARS coronavirus, a previously unknown pathogen. For the lung area affected, initial descriptions of pneumonia focus on the anatomical or pathological appearance of the lungs, either by direct examination during autopsy or its appearance under a microscope. Lobar pneumonia is an infection that involves only one lobe, or section, of the lungs. Lobar pneumonia is often due to Streptococcus pneumonia (although Klebsiella pneumonia is also possible.) Multiple pneumonia involves more than one lobe, and it often causes a more severe disease. Bronchial pneumonia affects the lungs in spots around the tubes (bronchi or bronchiole). Interstitial pneumonia involves the area between the alveoli, and this can be called interstitial pneumon. It is most likely caused by viruses or atypical bacteria. The discovery of X-rays made it possible to determine the anatomical type of pneumonia without a direct examination of the lungs during the autopsy and led to the development of a radiological classification. Early researchers differed between typical lobardal pneumonia and atypical (e.g. chlamydoophile) or viral pneumonia, using the location, distribution and appearance of opacity they saw on a chest X-ray. Some X-ray results can be used to help predict the course of the disease, although it is not possible to clearly identify the microbiological cause of pneumonia with X-rays alone. With the advent of modern microbiology, a classification based on pathogens became possible. Determining which microorganism causes human pneumonia is an important step in deciding the type of treatment and length. To determine the microbiological classification, sputum cultures, blood cultures, tests for respiratory tract secretions and special blood tests are used. Since such laboratory testing usually takes several days, microbiological classification is generally not possible at the time of initial diagnosis. Normal AP CXR Normal Lateral CXR AP CXR showing left lower lobe of pneumonia associated with small left Pleural Effusion AP CXR showing the right lower lobe of pneumonia AP CXR showing pneumonia lingval left lung right upper lobe of pneumonia pneumonia marked in a circle. Left upper lobe of pneumonia with a slight pleural effusion. The right lower proportion of pneumonia, as seen in the lateral CXR clinical traditionally, doctors classified pneumonia by clinical characteristics, dividing them into acute (less than three weeks duration) and chronic pneumonia. This is useful because chronic pneumonia is usually either non-infectious, or mycobacterial, fungal or mixed bacterial infections caused by respiratory obstruction. Acute pneumonia is further divided into classic bacterial bronchodnomia (such as streptococcal pneumonia), atypical pneumonia (such as interstitial mycoplasma pneumonia or chlamydia pneumonia) and pneumonia aspiration syndromes. Chronic pneumonia, on the other hand, mainly includes Nocardia, Actinomyces and Blastomyces dermatitidis, as well as granulomatous pneumonia (Mycobacterium tuberculosis and atypical mycobacteria, histoplasm capsuletum and Coccidioides imiti). The combined clinical classification, currently the most commonly used classification scheme, attempts to determine a person's risk factors when he or she first comes to care. The advantage of this classification scheme compared to previous systems is that it can assist in selecting appropriate initial treatments before the microbiological cause of pneumonia is known. There are two broad categories of pneumonia in this scheme: community-acquired pneumonia and hospital pneumonia. 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