

Effect of Pulmonary Medicine in Children

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DESCRIPTION

The term pulmonary discusses something that has to do with the lungs. It comes from the Latin word Pulmo, which means "lung." When someone has pulmonary disease, it indicates that they have a lung problem, which can make it difficult for them to breathe properly. The diagnosis and treatment of illnesses of the lungs and respiratory system are referred to as pulmonary medicine. Our nationally known pulmonary program treats newborns, adolescents, and teenagers who have breathing or sleeping problems. We have clinics specialized in the treatment of children with cystic fibrosis and asthma. Coughing, shortness of breath, recurrent pneumonia, wheezing, chest discomfort, and difficulty exercising are all symptoms that require a general review [1].

A pulmonologist is a physician that specializes in the diagnosis and treatment of disorders of the respiratory system, which includes the lungs and other organs that aid in breathing. Children may be able to obtain all of the treatments from normal doctor for certain relatively short-term infections that damage children lungs, such as the flu or pneumonia. However, cough, shortness of breath, or other symptoms persist, you should consult a pulmonologist. The adolescent has an acute or chronic respiratory illness; the professionals in the Division of Pulmonary Medicine will provide excellent care with a compassionate touch. Experts in diagnosing and treating everything from cough, asthma, and sleep disturbances to more complicated conditions like bronchopulmonary dysplasia, interstitial lung disease, and lung transplantation and also specialize in care for children and adults with Cystic Fibrosis (CF), from examination through diagnosis and treatment, as well as giving access to clinical trials and assisting patients with symptom management to enhance their quality of life and lifespan [2]. Each year, the Pulmonary Medicine Division at Mayo Clinic diagnoses and treats over 65,000 adults and children with lung (pulmonary) and sleep problems. Our pulmonary, critical care and sleep medicine specialists can help people with significant and complicated medical problems involving the lungs and breathing. The pulmonology and critical care section are one of the world's largest, most diversified,

comprehensive, and well-respected practices. More than 100 specialists in lung illness sleep problems, and critical care makes up the group Pulmonary medicine is an internal medicine discipline that focuses on the diagnosis and treatment of respiratory system illnesses, such as those affecting the lungs, upper airways, thoracic cavity, and chest wall. Although general internists and other specialty physicians treat most common respiratory problems, internists who specialize in pulmonary medicine (often referred to as "pulmonologists") are frequently called upon to help diagnose unknown disorders and manage difficult, unusual, or complicated respiratory diseases [3].

Pulmonary treatment

A pulmonologist, a specialist in the treatment of lung and breathing disorders ranging from asthma to chronic obstructive pulmonary disease to lung cancer, is frequently used to treat pulmonary illness. Although pulmonologists may not do lung operations, they may undertake lung procedures such as bronchoscopy, which allows a medical expert to see within the lungs. Pulmonary issues are usually treated by a cardiothoracic surgeon if surgery is required. Hospitalists, intensivists, and other physicians may treat various acute diseases, such as a pulmonary embolism [4].

Chronic Obstructive Lung Disease (COPD): This includes emphysema and chronic obstructive bronchitis. Cigarette smoking and several occupational hazards are common causes. Coughing and shortness of breath are the symptoms, which have been present for several years.

Lung cancer: While smoking is the most common cause, other factors such as asbestos or radon exposure can also raise the risk, and cancer from other regions of the body can spread to the lungs.

Pneumonia: An upper respiratory tract infection or influenza can cause infection and inflammation of the lungs. It might be caused by a viral or bacterial infection.

Pulmonary embolism: A blood clot stuck in the pulmonary artery, the primary blood channel leading to the lungs, or one of its branches causes Pulmonary Embolism (PE). PE usually

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happens when a blood clot forms in the legs and dislodges and travels to the lungs' blood veins, a disease known as Deep Vein Thrombosis (DVT). PE symptoms include difficulty breathing, chest discomfort, and blood in the cough.

Pulmonary hypertension: High blood pressure damages the arteries in children lungs, forcing the right side of your heart to work harder and finally failing.

Sarcoidosis: This is an uncommon condition in which microscopic lumps of cells (granulomas) develop in the lungs and other organs, impairing their function.

CONCLUSION

The most frequent clinical presentation in pediatric respiratory medicine is a youngster who coughs, wheezes, or both. The information acquired from the history and physical examination will bear various weights in the first diagnostic approach depending on the geographic area. Pneumonia is the leading cause of death among children. In nations where lower respiratory tract infections cause a lot of morbidity and mortality, a child's cough will be evaluated first for the

likelihood of pneumonia. Fever, tachypnea, and retractions, as well as nasal flaring in babies younger than one year of age and a history of poor eating, all enhance the probability that the kid has pneumonia. However, no one clinical result can be used as a predictor on its own.

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