Advanced Techniques in Biology and Medicine

ISSN: 2379-1764

OPEN ACCESS Freely available online

Perspective

# Note on Types and Classification of Pneumonia

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## DESCRIPTION

Pneumonia can be categorized in a number of ways, most frequently based on where it was contracted (hospital versus community), but it can also depend on the part of the lungs affected or the organism that caused it. There is also a combined clinical categorization, which takes into account elements including age, susceptibility to specific bacteria, the existence of an underlying lung or systemic disease, and if the patient has recently been hospitalized.

### Community-acquired

Infectious pneumonia in a person who has not previously been hospitalized is known as Community-Acquired Pneumonia (CAP). The most typical kind of pneumonia is CAP. Depending on the age of the patient, different viruses, atypical bacteria, and Haemophilus influenzae are the most frequent causes of CAP. The most frequent cause of community-acquired pneumonia worldwide is streptococcus pneumoniae.

### Hospital-acquired

Nosocomial pneumonia, commonly known as hospital-acquired pneumonia, is pneumonia that develops at least 72 hours after admission but may occur during or after hospitalization for another illness or surgery. In comparison to community-acquired pneumonia, there are differences in the aetiology, microbiology, therapy, and prognosis. Up to 5% of people who are hospitalized for unrelated reasons later develop pneumonia. Hospitalized individuals may have a variety of risk factors for pneumonia, such as immunological abnormalities, extended starvation, underlying heart and lung disorders, low levels of stomach acid, mechanical ventilation, and underlying heart and lung problems. At addition, a person is frequently exposed to various microbes in a hospital than at home.

- Eosinophilic pneumonia is brought on by inflammation of the lungs' tiny airways. A different name for it is Cryptogenic Organizing Pneumonitis (COP).
- Chemical pneumonia is brought on by chemical toxins, such as pesticides, which can enter the body by skin contact orinhalation. Lipoid pneumonia is the term used when the poisonous ingredient is an oil.
- Aspiration pneumonia is brought on by aspirating foreign objects—typically oral or gastric contents—during or after eating, or as a result of reflux or vomiting, all of which cause bronchopneumonia.
- Dust pneumonia describes conditions brought on by prolonged exposure to dust storms, particularly during the American Dust Bowl. Dust pneumonia occurs when dust enters the lungs' alveoli, blocking the movement of the cilia and preventing the lungs from ever cleaning themselves.
- Necrotizing pneumonia known also as cavitary pneumonia or cavitatory necrosis, this rare but serious lung parenchymal infection consequence is rare. Following the loss of the lung tissue in necrotizing pneumonia, there is a significant liquefaction that may cause the formation of gangrene in the lung.
- Opportunistic pneumonia people with compromised immune systems, such as those living with HIV/AIDS, are particularly vulnerable to opportunistic infections of the lungs.
- Double pneumonia (bilateral pneumonia) this is a historical term for Acute Respiratory Distress Syndrome (ARDS) or Acute Lung Injury (ALI) (ARDS). However, the phrase was and is still used, particularly by laypeople, to refer to pneumonia that affects both lungs. Therefore, compared to ALI or ARDS, the phrase "double pneumonia" is more frequently used to refer to bilateral pneumonia.

## CONCLUSION

The combined clinical classification, currently the most used classification system, aims to pinpoint a patient's risk factors at the time of initial medical contact. This classification method has an advantage over earlier ones in that it can help in the selection of suitable beginning treatments even before the microbiologic cause of the pneumonia is identified. In this system, pneumonia is divided into two major categories: pneumonia obtained in the community and pneumonia acquired in a hospital. Between these two groups is a recentlyrecognized kind of pneumonia that is connected with healthcare (in people who are not hospitalized but have recently had close interaction with the healthcare system).

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**Received:** 14-Jun-2022, Manuscript No. ATBM-22-18942; **Editor assigned:** 17-Jun-2022, PreQC No. ATBM-22-18942 (PQ); **Reviewed:** 01-Jul-2022, QC No. ATBM-22-18942; **Revised:** 07-Jul-2022, Manuscript No. ATBM-22-18942 (R); **Published:** 14-Jul-2022, DOI: 10.35248/ 2379-1764.22.10.368

**Citation:** Johnson O (2022) Note on Types and Classification of Pneumonia. Adv Tech Biol Med.10:368