

MINISTRY OF HEALTH OF UZBEKISTAN

TASHKENT MEDICAL ACADEMY

**DEPARTMENT OF INTERNAL MEDICINE TRAINING GP
WITH CLINICAL ALLERGOLOGY**



CASE - TECHNOLOGY

On study on "Differential Diagnosis bronhospastic syndrome in practice".

TASHKENT – 2013

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On study on "Differential Diagnosis bronhospastic syndrome in practice".

CASE

solves the problem: study of the structure and design of the medical history

TASHKENT – 2013

**Key institutions DEVELOPER:
Tashkent Medical Academy**

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Considered at the meeting of the Cathedral № 8 of 04.03.13 years

At the session of the SSC meeting minutes № 2 dated 22.10.2013_year.

Approved by the Academic Council TMA Minutes № __ot_____ year.

Scientific Secretary of TMA

Assoc. Nurillaeva N.M.

This case, and is intended for general practitioners, medical students for the proper execution and administration of the necessary documentation (hospital records, medical history) in stationary conditions.

The subject: “Internal Medicine for training GPs”

Topic: " Differential Diagnosis bronhospastic syndrome in practice "

Location classes: department of the hospital, ward.

The purpose of this case study: to develop the student's ability to work with the history of the disease. Develop the ability to assess and analyze the situation on admission of patients with bronhospasticheskim syndromes associated with diseases of the lungs. Skills select tactics, differential diagnosis, emergency care, treatment at the hospital level.

Expected learning outcomes:

- Studying the structure of the document (history)
- Registration of medical history
- Selection of the right algorithm for writing history and diagnosis.
- Independently be able to provide first aid and to appoint pathogenetic treatment
- To be able to appoint a qualified rehabilitation after discharge from hospital

For the successful resolution of the case study student should know

- The terms of common and dangerous diseases associated spasm in the lungs associated with lung diseases
- Conduct a differential diagnosis and determine the most likely causes of bronchospasm in the lungs associated with lung diseases.
- List the diagnostic methods, to make and justify a plan of inspection at the hospital level.
- Justify the need for consultation of specialists, hospitalization, and profile the facility.
- Determine the degree of need for follow-up (medical and non-medical treatment)

This case reflects the real situation in a hospital

Sources of information case: the story of a patient

Characteristics of case study according to typological features

- This case belongs to the category-story describing the history of the disease. Case type of training students correctly shaped history for the disease.
- For didactic purposes Case Training, stimulating thinking in clinical situations.

Bronchospastic syndrome associated with diseases of the lungs

Introduction

Bronchospasm in the lungs is often found in the practice of doctors in primary care. In this situation, the force of a general practitioner (GP) is directed to the diagnosis of diseases caused by various reasons. In case of bronchospasm in the lungs of asthma-related GP should not only diagnose it, but it needs to determine the reasons behind the disease to provide medical care in a hovercraft or a joint venture, or for referrals to specialized hospitals. These and other facts are the basis for the proper management and execution of the medical history of patients with this syndrome.

Clinical case

In AEP received a call from a patient 32 years. Complained of strong attacks of coughing, watery eyes and itchy eyelids, stuffy nose, sneezing. Asthma attacks a day, 3 times, shortness of breath, dry cough with phlegm difficult to separate.

From history: disease linked to the season of flowering of some herbs, which is celebrated every year from April to mid-October. The disease is repeated for 5 years. Father of three children, farmer. Nasva uses.

History of allergy: Grandma asthma.

The patient in the use of honey, walnuts, sunflower oil, there is scratchy throat, cough.

GP carries out an objective examination of the patient: The patient's condition is satisfactory, the figure is correct, the food is good, the skin clean. Breathing through the nose difficult. Hyperemic conjunctiva, there is tearing. In the lung auscultation - vesicular breathing, single dry, wheezing during forced exhalation. Heart sounds loud and clear, rhythmic heart rate and pulse 76 in 1 min. A \ D 120 \ 70 mm Hg. Art. The abdomen is soft and painless. The liver and spleen are painless. Other systems were normal.

Conducts ERF (lung function) research and interpreted: vital capacity (VC), 78% of predicted, accelerated lung volume in 1 second. (FEV 1) 72%

predicted, coefficient Tiffno 57%. In applying the test β_2 agonist reversibility of light detected by more than 13%.

Allergic survey (which was made two years ago) revealed positive scarification tests with allergens from grass pollen,(timothy+++, ryegrass++++, cheat+++,urchin++++) and weed (mugwort++++, quinoa+++).

The threshold concentration of nasal provocation test with allergens from pollen of Artemisia -10(-8)

Blood, urine and sputum are collected for general analysis.

Interpretation of the results:

Blood analysis: 7%- eosinophilia

Urine analysis: diuresis-1600,p-1010, color-light yellow, transparent, protein-abs.

The general analysis of sputum: white, foamy.

Diagnosing

The main diagnosis: : Pollen asthma in acute stage. Pollinosis, allergic rhinitis, conjunctivitis. Sensitization to the pollen of the Gramineae family, Compositae, Chenopodiaceae. Cross food allergies to nuts, sunflower oil, honey.

Patients are directed for further hospital treatment

Instructions for students.

Taking into account the severity of the disease of the patient GPs should send the patient to hospital.

To determine the correct tactics of post-stationary rehabilitation requires knowledge of how to register medical card.

Solution.

Registration of medical cards.

At the admission of the patient to the clinic a medical card is registered (with the number of hospital records, patient name, sex, age, address, and date of admission to the hospital)

If the patient arrives in the emergency order, it immediately, without registration card, after medical examination, sent to the intensive care.

Ministry of Health of Uzbekistan

Medical card №

Name,
Surname _____

Sex _____ Date of birth _____

Tel: _____

Residence _____

Job _____

Position _____

Date of admission	Date of discharge

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ed out by physician is written in a medical card(if needed examination of neurologist, resuscitator, ophthalmologist)

3) The necessary laboratory and instrumental investigations are carried out (clinical blood analysis, analysis of urine, ECG, EHOKS, ultrasound)

4) Physician after diagnosing the illness sends patient`s card for the registration of the history

Registration of medical history

Front page

Date and time of admission 20 11 2012 10:40 min

Date and time of discharge 12 11 2012 11:30 min

Department (the department where the patient is hospitalized is indicated)*allergologyhospital room№5*

Transferred to the department-date and time- (the department in which the patient is transferred must be written here, after receiving treatment in intensive care or in other departments.)

Length of treatment (days) 10

Way of travel:on a cart, carriage, on their own

Blood type- 1Rh factor-

Intolerance to drugs (specify the medication, the type of intolerance)

Name,surname-JumaevDavrobek

Sex-male

Age-32

Residence and telephone-

 Job-unskilled labourer

(Fordisabled) Group-

From where directed-consultative clinic of Bektemir district

Emergency admission- yes, no

Transport-private

Diagnosis (of the GPs) The main diagnosis: pollen asthma, pollinosis, allergic rhinitis, conjunctivitis.

Sensitization to the pollen of the Gramineae family, Compositae, Chenopodiaceae. Cross food allergies to nuts, sunflower oil, honey.

9) Diagnosis of admission department (after the examination of physician of the department)

The main diagnosis: : pollen asthma in acute stage. Pollinosis, allergic rhinitis, conjunctivitis. Sensitization to the pollen of the Gramineae family, Compositae, Chenopodiaceae. Cross food allergies to nuts, sunflower oil, honey.

Examination of general practitioner.

Complaints: the strong attacks of coughing, watery eyes and itchy eyelids, stuffiness in nose, sneezing. Asthma attacks 3 times a day, shortness of breath, dry cough with sputum difficult to separate.

Anamnesis morbi Briefly, the main points of onset, course, treatment, if conducted.

Disease is linked to the season of flowering of some herbs, which is noted every year from April to mid-October. Has been sick for 5 years.

Anamnesis vitae: During the last three months: was sick, was not sick of infectious diseases,

Was, was not in contact with infectious patients, received, did not receive injections,

Received, did not receive blood products,

Went abroad, did not go abroad

Status praesens

Condition is satisfactory, moderately severe, severe, very severe

Consciousness is clear, soporous, deep stupor, coma.

Skin-pale, normal.

The body temperature is 36.6

Constitution is Hypersthenic, asthenic, normosthenic

Bones and joints- with deformation, without deformation

The lymph nodes are -enlarged, not enlarged

Respiratory System

Breathing is clear, respiratory rate is 16 per minute. Auscultation of the lungs- vesicular breathing, single dry wheezing during forced exhalation.

Cardio-vascular system.

The boundaries of the heart are- enlarged, not enlarged.

Heart sounds are- muffled, clear.

Blood pressure is 120/70 mm Hg

Pulse is 76 per minute.

The digestive system.

Tongue is - clean, coated, the abdomen is - soft, compact, painful, painless.

The liver is- enlarged, not enlarged.

The spleen is- enlarged, not enlarged.

Stool is Regular, prone to constipation.

Urinary system

The kidneys are -not palpable, palpable.

Urination - independent, adequate

Pasternackiy symptom is- positive, negative.

The primary diagnosis.

The main diagnosis: : Pollen asthma in acute stage. Pollinosis, allergic rhinitis, conjunctivitis. Sensitization to the pollen of the Gramineae family,

Compositae, Chenopodiaceae. Cross food allergies to nuts, sunflower oil, honey.

After registration and registration of medical history in the emergency room the patient is sent to the department, for a complete inspection done by systems, interpreted the study conducted in the clinic advice and exhibited a preliminary diagnosis, make plans for further diagnosis and treatment.

(supplement 3)

supplement 3

Date and time.

Inspection at the Department of Allergology heads / or intern

Complaints on admission (with main and related): Key: the strong attacks of coughing, asthma attacks a day for 3 times, shortness of breath, dry cough with phlegm difficult to separate. Related: watery eyes and itchy eyelids, stuffy nose, sneezing.

Anamnesis morbi: disease linked to the seasonality of flowering herbs, pollinatsiey. Sick five year. First there were the symptoms of hay fever, but the last 2 years began bronhospatichskie bouts of lack of air. There was a dry hacking cough. The patient was 2 years ago, was examined by a doctor allergist. Last 2 weeks the sharp progression, applied to an advisory clinic in the community so that by two categories of service was sent to hospital treatment.

Anamnesis vitae: growing and developing in satisfactory conditions. Father of three children, farmer. Bad habits: Eat Nasva. Family history is not burdened. Epidemiological. history: Hepatitis not ill, in contact with infectious patients was not, blood did not get in the last 6 months with a dentist, ENT doctor was not, did not go abroad.

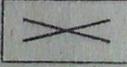
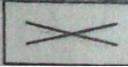
Allergoanamnez: Grandma asthma. The patient in the use of honey, walnuts, sunflower oil, there is scratchy throat, cough, allergy medicines, foods are not marked.

Status praesens. The patient's condition is satisfactory. Consciousness: clear, questions answers adequately. Situation actively. Pokrovy_blednye skin, dry to the touch. Sick normal physique. The body temperature is 36.5. Breathing through the nose difficult. Hyperemic conjunctiva, there is tearing. Bone-sustovnaya system without deformation. Submandibular lymph nodes were not enlarged. No peripheral edema. The respiratory system. Independent breathing

through the nose difficulty. Thorax without deformation. Respiratory rate 18 per minute. Pain is not noted. In the lung auscultation - vesicular breathing, single dry, wheezing during forced exhalation. Cardiovascular system. The boundaries of the heart: the right to lin. Rarasternalis dextra to 4 intercostal space, from top to lin. medioclavicularis sinistra 3 m \ p, left 1.0 cm inside from lin. medioclavicularis sinistra 5 m \ p. Heart sounds are muffled. AD120/70; Puls76 per minute, rhythmic. The digestive system. Language clean. Abdomen soft, not tender to palpation. The liver and spleen were not palpable. Regular chair. Urinary system. The kidneys are not palpable. Edema in the lower back strain no. Diuresis independent, adequate. Symptom effleurage: negative on both sides. Extract from the patient card № (describes the results of laboratory and instrumental studies and nested in the patient card consultative polyclinic hospital) ECG: EOS is not displaced. HR 76 in 1min., Low voltage ..Preliminary diagnosis: Main: pollen asthma. Moderate to Severe acute stage. Pollinosis. Allergic rhinitis and conjunctivitis. Sensitization to the pollen of the family Gramineae, Compositae, merevyh. Cross food allergies to nuts, sunflower oil, honey. Evaluation and treatment plan drawn up by order of 452 M health. Plan Survey: Rw, HBsAgKLA, OAMALT, AST, bilirubin, BUN, creatinine, total protein. Blood glucose Coagulation (fibrinogen, TT, PB etalonovy test) Coagulation timeThe general analysis of sputum, tank. sputum culture and sensitivity to antibiotics ECG dynamics, ECHO CS, holter monitoring. Radiography of the Civil Code. Treatment plan: Diet table number 10 (a diet that provides sufficient amounts of protein, fat, carbohydrates, vitamins) Antihistamines: feksofen 180 mg 1 tab. per day Antileykotrienovye drugs: akretan 10 mg 1 tab. per day Short-acting bronchodilators (beta-2 agonists): salbutamol for 2 breaths during an episode Inhaled corticosteroids: Beclason 100 mcg for 2 puffs 4 times Anti-inflammatory nasal sprays nature (Cramon) Antirinol to 2 injections three times a day.

Doctor _____

For medicines, which should get the patient, prescriptions and glued in history. Every day the resident doctor examines the patient, determines the appropriate research methods, and adjusts the treatment is in the patient diary.

TOSHKENT TIBBIYOT AKADEMIYASI BIRINCHI SHIFOXONASI 700109, Toshkent sh., Xojiev ko'chasi 2 <small>(davolash-profilaktika muassasasining nomi va rivojlanishini kuzatib borish uchun)</small>		TOSHKENT TIBBIYOT AKADEMIYASI BIRINCHI SHIFOXONASI 700109, Toshkent sh., Xojiev ko'chasi 2 <small>(davolash-profilaktika muassasasining nomi va rivojlanishini kuzatib borish uchun)</small>	
		<small>(Hududiyat davolash-profilaktika muassasasi litsenziyasining tartib raqami, berilgan sanasi, amal qilish muddati)</small>	
РЕЦЕПТ		РЕЦЕПТНИНГ йиртма корешоги	
Катталарга	Болаларга	Катталарга	Болаларга
<small>(харакати учирмасин)</small>		<small>(харакати учирмасин)</small>	
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Шифокорнинг Ф.И.О.: _____		Шифокорнинг Ф.И.О.: _____	
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<small>(Шифокорнинг шахсий муҳри ўрни)</small>		<small>(имзоси)</small>	
Рецептнинг амал қилиш мuddати _____			

Patient within 3 days of hospital treatment should be examined lecturer or professor in the department to advise this office.
(supplement 4).

supplement 4

Date and Time

Inspection at the Department of Allergology Professor (Associate Professor)

Passport Data

Complaints on admission: Basic: the strong attacks of coughing, asthma attacks a day, 3 times, shortness of breath, dry cough with phlegm difficult to separate. Related: watery eyes and itchy eyelids, stuffy nose, sneezing. Complaint at the time of inspection: the strong attacks of coughing, watery eyes and itchy eyelids, stuffy nose, sneezing. Asthma attacks a day, 3 times, shortness of breath, dry cough with difficult expectoration.

From history: disease linked to the season of flowering of some herbs, which is celebrated every year from April to mid-October. The disease is repeated for 5 years. Father of three children, farmer. Nasva uses.

OBJECTIVE: The patient's condition is satisfactory, the figure is correct, the food is

good, the skin clean. Breathing through the nose difficult. Hyperemic conjunctiva, there is tearing. In the lung auscultation - vesicular breathing, single dry, wheezing during forced exhalation. Heart sounds loud and clear, rhythmic heart rate and pulse 76 in 1 min. A \ D 120 \ 70 mmHg The abdomen is soft and painless. The liver and spleen are painless. Other systems were normal. Conducts ERF (lung function) research and interpreted: vital capacity (VC), 78% of predicted, accelerated lung volume in 1 second. (FEV 1) 72% predicted, coefficient Tiffno 57%. In applying the test β_2 agonist reversibility of light detected by more than 13%. When allergological examination (did 2 years ago from history) obtained positive tests scarification (4 + -3 +) with allergens from pollen grains (temofeevka + + + + reygrass, fire + + + hedgehog) and weeds (Artemisia + + + quinoa). threshold concentration of nasal provocation test with allergens from pollen of Artemisia - 10-8 Conducts sampling of blood, urine, sputum, general analysis. Interpretation of the results: KLA: 7% - eosinophilia. OAM: diurez1600, p-1010, color-St. yellow, transparent, protein - abs. The general analysis of sputum: belaya frothy nature. Exposes Diagnosis: pollen asthma. Moderate course in the acute stage. Pollinosis. Allergic rhinitis and conjunctivitis. Sensitization to the pollen of the family Gramineae, Compositae, merevyh. Cross food allergies to nuts, sunflower oil, honey.

On day 3 of hospital treatment, after the laboratory and instrumental investigations, inspection consultant put a clinical diagnosis.

Complaint at the time of inspection:cough persists, itchy throat, itchy nose and throat.the strong attacks of coughing,chokingnristupy a day 3-4 times, shortness of breath, dry cough with phlegm difficult to separate.

Anamnesis:.disease linked to the season of flowering of some herbs, which is celebrated every year from April to mid-October.The disease is repeated for 5 years.Father of three children, farmer.Nasva uses.

Allegoanamnez:Grandma asthma.

The patient in the use of honey, walnuts, sunflower oil, there is scratchy throat, cough.

OBJECTIVE:The patient's condition is satisfactory, the figure is correct, the food is good, the skin clean.Breathing through the nose difficult.Hyperemic conjunctiva, there is tearing.In the lung auscultation - vesicular breathing, single dry, wheezing during forced exhalation.Heart sounds loud and clear, rhythmic heart rate and pulse 76 in 1 min.A \ D 120 \ 70 mmHgThe abdomen is soft and painless.The liver and spleen are painless.Other systems were normal.

Conducts **ERF (lung function)** research and interpreted: vital capacity (VC), 78% of predicted,

accelerated lung volume in 1 second.(FEV 1) 72% predicted, coefficient Tiffno 57%.In applying the test β_2 agonist reversibility of light detected by more than 13%.

When allergological examination(did 2 years ago from history) obtained positive tests scarification (4⁺ -3⁺) with allergens from pollen grains (temofeevka, reygrass, fire urchin) and weeds (wormwood, quinoa).The threshold concentration of nasal provocation test with allergens from pollen of Artemisia - 10⁻⁸

Conducts sampling of blood, urine, sputum, general analysis.

Interpretation of the results:

KLA: 7% - eosinophilia. **OAM:** diurez1600, p-1010, color-St.yellow, transparent, protein - abs. **general analysis of sputum:** a white foamy nature.

Clinical diagnosis:pollen asthma.Moderate course in the acute stage.

Pollinosis.Allergic rhinitis and conjunctivitis.Sensitization to the pollen of the family Gramineae, Compositae, merevyh.Crossfoodallergiestonuts, sunfloweroil, honey.

When making a statement from the medical history is written the definitive diagnosis (clinical), the patient's condition over time, changes in the laboratory and instrumental studies before and after treatment and further recommendations (Appendix 5).

Appendix 5

Ministry of Health of Uzbekistan

TASHKENT MEDICAL ACADEMY

EXCERPT FROM THE HISTORY OF DISEASE № ...

ZhumayevDavronbek patient, born in 1980, received hospital treatment in the Department of Pulmonology at 12.12.2012 02.12.2012 g g with a clinical diagnosis

Community :::pollen asthma.Moderate course in the acute stage.

Pollinosis.Allergic rhinitis and conjunctivitis.Sensitization to the pollen of the family Gramineae, Compositae, merevyh.Cross food allergies to nuts, sunflower oil, honey.

Complaints on admission: Basic:the strong attacks of coughing,chokingnristupy a day to 3 times, shortness of breath, dry cough with phlegm difficult to separate.Related: watery eyes and itchy eyelids, stuffy nose, sneezing.

From history: disease linked to the seasonality of flowering herbs, pollinatsiey.Sick

five year. First there were the symptoms of hay fever, but the last 2 years began bronchospastic bouts of lack of air. There was a dry hacking cough. The patient was 2 years ago, was examined by a doctor allergist. Last 2 weeks the sharp progression, applied to an advisory clinic in the community so that by two categories of service was sent to hospital treatment.

OBJECTIVE: The patient's condition is satisfactory, the figure is correct, the food is good, the skin clean. Breathing through the nose difficult. Hyperemic conjunctiva, there is tearing. In the lung auscultation - vesicular breathing, single dry, wheezing during forced exhalation. Heart sounds loud and clear, rhythmic heart rate and pulse 76 in 1 min. A \ D 120 \ 70 mmHg. The abdomen is soft and painless. The liver and spleen are painless. Other systems were normal.

Laboratory and instrumental investigations.

Conducts **ERF (lung function)** research and interpreted: vital capacity (VC), 78% of predicted, accelerated lung volume in 1 second. (FEV₁) 72% predicted, coefficient Tiffno 57%. In applying the test β_2 agonist reversibility of light detected by more than 13%.

When allergological examination yielded positive tests scarification (4⁺ -4⁺) with allergens from pollen grains

(Temofeevka + + + + regrass, fire + + + + urchin) and weeds (Artemisia + + + + quinoa). Threshold concentration of nasal provocation test with allergens from pollen of Artemisia - 10⁻⁸

Conducts sampling of blood, urine, sputum, general analysis.

Interpretation of the results:

KLA: 7% - eosinophilia. **OAM:** diurez 1600, p-1010, color-St. yellow, transparent, protein - abs. **general analysis of sputum:** a white foamy nature

Received treatment:- Dexamethasone 8 mg, aminophylline 2.4% - 0.8 ml of sodium chloride 0.9% -200.0 mL;

Allercetin 1 tab. per day

Miteyka-10 mg 1 tab. per day

-Salbutamol for 2 breaths during an episode

-Beclason 100 mg to 2 inhalation 4 times

Antirinol-injection of 2 to 3 times a day

The patient examined professor (docent) of the department, consistent treatment. Discharged home (in the dynamics of a stable state, with improvement) for further follow-up, the local doctor, cardiologist and pulmonologist.

Recommended:

Diet table № 1

-Beclason 100 mg 2 times for 1vdohu
Antirinol-injection of 2 to 3 times a day

Lech.vrach_____

Head.otd._____

Glav.vrach_____

After returning from the hospital patient GP reevaluates the patient and decides the tactics:

-Recommendations for follow-up of non-drug treatment:

Health food (easily digestible, enriched with vitamins and protein foods, low histamine).Therapeutic breathing exercises.Positional drainage, massage of the chest.Oxygen therapy.

Prohibits smoking nasvai and alcohol intake.

Clinical supervision

State after the attacks of pollen asthma (D III)

2.3 times in 6 months, the therapist

3.Allergist - if indicated - pulmonologist 1 time; ENT, dentist - 1 per year; TB doctor, oncologist - if indicated

4.Clinical analysis of blood - 3 times, 1 times allergy tests, spirometry - 3 times; fluorography - 2 times (after 1 and 6 months), a general analysis of sputum and a VC, blood chemistry - 2 times ECG - 2 times bronchoscopy bronchography, tomography - if indicated

5.Treatment, vitamin, hardening, physical therapy, sauna, readjustment of foci of infection, a spa treatment.

6.Recovery, normalization of pulmonary ventilation capacity.Translation group D I follow-up

Prevention of pollen asthma

Primary prevention- a method of combating the production harmfulness under pre-existing disease.Also includes - environmental improvement, optimization of production, living and working conditions.Necessary to combat the weeds in the cities.A number of measures to prevent the disease: to promote healthy lifestyles among the population (sports, etc.), active early

detection of risk factors (smoking, poor working conditions and leisure, home and living conditions), creates the possibility of the disease and their correction.

Secondary prevention of active detection of diseases at early stages of development (baseline medical examination, screening), non-pharmacological correction of adequate and timely medical treatment against exposed disease drugs of proven efficacy.

Tertiary prevention: dynamic observation, continued treatment and rehabilitation of an existing high-quality complications.

Bronchospasm is characteristic symptom of pollen asthma

There is a clear seasonal dependence due to blooming.	There is a positive "effect elimination" Positive tests with allergens.	Difficulty breathing with prolonged exhalation. Detection of dry wheezing in the lungs	Increase with food allergens cross provocation with allergen cross correlation	Positive bronchodilation test with beta ₂ agonists
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Non-allergic bronchial obstruction genesis

Partial obstruction of the major airways - the larynx, trachea. Accompanied by hoarseness, inspiratory stridor, ringing cough, swelling of the neck, swelling of the neck veins.

Tracheobronchial dyskinesia (expiratory tracheal stenosis)

Due to loss of tone of the membrane of the trachea and major bronchi, which sinks down on the exhale. Manifest difficulty exhaling, painful paroxysmal cough, usually bitonal.

Obstructive bronchitis

Cough or not. Shortness of breath. Manifested generalized bronchial obstruction.

Allergic bronchopulmonary aspergillosis

Development of bronchial fungal genus Aspergillus. T-37 - 40 ° C, mucopurulent sputum, often mixed with blood. Repetitive wheezing symptoms consolidation, mainly in the upper parts of the lungs.

Recommended literature

Basic:

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