

# 8th MTS Congress 2005





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### COPD is a systemic disease

- Malnutrition
- Weight loss
- Skeletal muscles > atrophy > weakness
- Osteoporosis
- Cardiovascular diseases

### Therapy at Each Stage of COPD

| At risk                                                           | I: Mild                                                                                 | II: Moderate                                                                                  | III: Severe                                                                                   | IV: Very severe                                                                                                             |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Chronic symptoms<br>Exposure to risk factors<br>Normal spirometry | • FEV <sub>1</sub> /FVC < 70%<br>• FEV <sub>1</sub> ≥ 80%<br>• With or without symptoms | • FEV <sub>1</sub> /FVC < 70%<br>• 50% > FEV <sub>1</sub> < 80%<br>• With or without symptoms | • FEV <sub>1</sub> /FVC < 70%<br>• 30% > FEV <sub>1</sub> < 50%<br>• With or without symptoms | • FEV <sub>1</sub> /FVC < 70%<br>• FEV <sub>1</sub> < 30% or presence of chronic respiratory failure or right heart failure |

Avoidance of risk factor(s); influenza vaccination

Short-acting bronchodilator when needed

Regular treatment with one or more long-acting bronchodilators

Rehabilitation

Inhaled glucocorticosteroids if repeated exacerbations

Rehabilitation

Long-term O<sub>2</sub> if chronic resp. failure

Consider surgical treatments

GOLD, Update 2004

### Management of PAH

All patients  
Warfarin to INR 1.5-2.5

If clinically indicated  
• Oxygen  
• Diuretic  
• Digoxin

Cardiac index > 2.1  
Assess vasoresponsiveness

Cardiac index < 2.1  
Begin therapy

In PAP decrease 10 mm Hg  
decrease 30%, RAP < 10 mm Hg  
systemic hypotension  
worsening hypoxemia

No vasoresponsiveness  
Clinical worsening

Prostacyclins  
• Epoprostenol  
• Treprostinil  
• Other agents not yet approved in US

Endothelin antagonist  
Bosentan (must perform liver function tests monthly)

Experimental or salvage therapy  
• Septostomy  
• Lung/lung-heart transplant  
• Sildenafil  
• Nitric oxide

### Classification of Pneumothorax by Thoracoscopy

Vanderschueren's Classification

- Stage 1 Endoscopically normal lung
- Stage 2 Pleuropulmonary adhesions
- Stage 3 Small bullae and blebs (< 2 cm)
- Stage 4 Numerous large bullae (> 2 cm)

Blebs and bullae present in 45 - 62%

False classification of Stage 1 shown at surgery in 8 - 28% of cases.

Detection rates of blebs and bullae higher in VATS and thoracotomy.





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