Name: _____ Date: _____

Cardiorespiratory Function Quiz #1

1. The leading cause of death world wide	A. "nonparenchymal" diseases
2. Diseases that prevent the lungs from expanding	B. Atelectasis
3. Diseases involving the lung tissue, also known as interstitial pulmonary fibrosis	C. Guillian-Barre
4. diseases involving the chest wall directly or indirectly	D. Asbestosis
5. Inflammatory (and thickening) process of alveolar wall causing scarring (AKA idiopathic pulmonary fibrosis)	E. Squamous cell cancer
6. Enigmatic multisystem disease characterized by the presence of noncaseating epithelioid granulomas in many organs. Commonly affects young adults. Has 3 distinct features: alveolitis, formation of well-defined round or oval granulomas, pulmonary fibrosis.	F. Pneumothorax
7. A response to inhaled organic dust (usually occupational) that leads to a thickened alveolar wall due to an increase in lymphocytes and plasma in the alveolar wall (AKA extrinsic allergic alveolitis or extrinsic fibrosing alveolitis)	G. Silicosis
8. Air in pleural spaces originating from the lungs or via the chest wall (collapsed lung and/or an expanded rib cage due to the loss of negative pressure in the pleural cavity)	H. Bronchial Carcinoma
9. A disease caused by the HIV virus that is characterized by a decreased number of lymphocytes, specific loss of the T helper cells and reversal of helper to suppressor cells	I. Pneumonia
10. Pulmonary infection and lesion due to the bacilli bacteria. initial stage: enlargement of lymph nodes in hiliar area and pulmonary infection (usually not diagnosed). Post-pulmonary infection stage: appears in the apices of the lungs (recovery from this stage means no functional impairments). Extension stage: severe stage that will lead to pneumonia, cavitation, pleural effusion, severe fibrosis and lobular collapse.	J. Pneumonitis/Hypersensitivity
11. inflammation of the lung parenchyma associated with alveolar filling by exudates (mass of cells and fluid)	K. AIDS
12. This cancer grows slowly and takes a long time for metastasis to occur; secondary areas with cancer will be seen only in the late stages of the disease	L. Pulmonary Embolism

13. this cancer type is not designated to a specific area; seen as large or small oat cells; grows rapidly; poor prognosis

M. undifferentiated

14. usually seen in the periphery of the lungs; grows slowly; found only after the secondary cancer has developed; generally not secondary to smoking; poor prognosis

N. TB

15. this cancer develops in the epithelium of the alveoli; found more in smokers

O. Cardiovascular Disease

16. Cancer most common in men, 25-35% of all cancer deaths are due to primary cancer of the bronchial tree. This type of cancer is completely preventable. Etiology: smoking is the primary factor, may be due to hydrocarbons, radioactive area, or pollution; occupational cancer may also develop in people working in nickel mines, with asbestos, or other products

P. Alveolar cell carcinoma

17. May appear in obstructive (allergic organic dust from flour mills, paper mills, or feathers) or restrictive (moist environment and allergic response to animals) forms. Caused by an external origin. In the acute stages we can see dyspnea, chills, and fever.

Q. Adenocarcinomas

18. A naturally occuring mineral silicate that when inhaled may produce interstitial fibrosis or pleural diseases

R. ALS

19. Etiology: Inhalation of silica; found in people working around sandblasting. Silica is toxic and leads to fibrosis in the lungs, seen in patients with advanced disease in the form of dyspnea and massive coughing. Mostly restrictive pattern due to fibrosis of lung tissue

S. interstitial PF

20. Etiology: Inhalation of inorganic dust. In the early stages it is hard to detect, but in the later stages, the disease will lead to progressive fibrosis and infiltrates. This disease is associated with chronic bronchitis and emphysema.

T. Coal Miners

21. Movement of a blood clot from a systemic vein through the right side of the heart to the pulmonary circulation, where it lodges in one or more branches of the pulmonary artery. Most originate in the deep veins of the extremities but there are non-thrombotic emboli that can be found and they are caused by fat, air, amniotic fluid or cancer. This can happen because of stasis of blood (from fracture, immobility, congestive heart failure, or shock), changes in blood coagulation (oral contraceptives, polycythemia, or pregnancy), or abnormalities of vessel walls (ex. trauma or inflammation)

U. Restrictive lung diseases

22. the normal mean of pulmonary arterial pressure (PAP) of 15 mmhg is increased

V. Sarcoidosis

23. Collapse of alveoli in one or more segments or lobes of a lung due to compression of lungs from increase of fluid in pleura, pneumothorax, or tumour. 4 kinds: Absorption (absorbing oxygen instead of nitrogen or mucus plug), Adhesive (loss of surfactant - the substance that makes it easy to expand, without it alveoli collapse - which lowers the contractive forces in alveoli), Compressive (caused by pressure on the lungs that exceeds atmospheric/alveolar pressure commonly following pneumothorax or pleural effusion), and contraction/cicatricial (associated with pulmonary fibrosis - scarring causes contraction)

W. ARDS

24. damage to the alveolar endothelium and capillary endothelium making them more permeable to fluid, protein and blood cell movement from capillary into interstitial space then into alveoli. Causes include pneumonia, near drowning, sepsis, severe trauma (fractures and burns) and aspiration. Common post-ARDS complication is pulmonary fibrosis. Always put on a ventilator. high mortality rate (25-50%). 50% of patients with this develop multi-system organ failure and hemodynamic instability (pharmacologic or mechanical support to maintain blood pressure or cardiac output).

X. Occupational Asthma

25. Demyelinating disease of the motor neurons of the peripheral nerves. Idiopathic polyneuritis linked to the immune system. Characterized by rapid ascending flaccid motor paralysis; may develop respiratory failure.

Y. Pulmonary Hypertension

26. Progressive degenerative disease of the nervous system that involves both upper and lower motor neurons. Involves mostly anterior horn cells of the cervical, lower thoracic, and lumbosacral spinal segments. Physical exertion is not recommended.

Z. "parenchymal" diseases