

Evaluation of Chest Disease Consultations

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Received: 7 February 2013 Accepted: 5 March 2013 Published: 15 March 2013

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Abstract

Consultation means referring a case to the related specialist in order to have his/her opinion and manage the treatment of the patient accordingly (1,2). Pulmonary consultations are requested commonly from nearly every inpatient clinic. Cases are generally consulted following the determination of a clinical or radiological pathology at pulmonary system in order to have the patients assessed by the pulmonologist's point of view regarding diagnosis, treatment or at the preoperative state. This study retrospectively evaluates the records of the consultations asked from Clinics of Chest Disease.

14

15 *Index terms—*

1 1.

17 Summary ur aim was to evaluate the results of Chest Disease Clinic consultations.

18 2 Pulmonary consultations in Haseki Training and Research

19 Hospital between years 2008 and 2012 were retrospectively evaluated. The clinic from which the consultation was 20 demanded, the reason for consultation, anamnesis of the patient, findings for physical biochemical and radiological 21 examination and comorbid diseases as well as a preceding pulmonary disease were recorded.

22 The consultations were mostly required by Clinic of Internal Medicine (27.6%) for patients with radiological 23 and clinical abnormalities in order to have suggestions for diagnosis and treatment (64.6%). The most frequent 24 symptom was dyspnea (41%). 21.6% of the patients had a preceding pulmonary disease which was COPD most 25 commonly. 35.5% of the patients had a comorbid disease and most frequently it was hypertension. We noted 26 that internists requested pulmonary consultations mainly for confirmation of diagnosis and treatment, while the 27 surgeons requested it for preoperative evaluation and predicting/avoiding postoperative complications by planning 28 the appropriate management.

29 3 II.

30 4 Materials and Methods

31 The records of five thousand three hundred and sixty patients consulted by Chest Disease Clinic were 32 retrospectively analysed. The rationales for consultations were classified as requisition for 1) preoperative 33 assessments 2) suggestions for diagnosis and treatment. The basic sociodemographic data of the patients (age, 34 gender), comorbid diseases, history of smoking, 1).

35 3664 of consulted patients (68.4%) didn't have a preceding pulmonary disease while 1696 (31.6%) had a 36 pulmonary disease before which were commonly COPD and pulmonary infections (9.1% and 6.9% respectively). 37 Internal Medicine and Surgery were the departments which required consultations most (27.6% and 21.6% resp.). 38 (Table 2).

39 904 of patients (16.9%) did not have any of the pulmonary system findings as cough, sputum, dyspnea, chest 40 pain or hemoptysis while 4456 (83.1%) had at least one (Table 3). Pulmonary function testing (PFT) was ordered 41 for 1376 (25.7%) of patients with any of these symptoms and 1216 had undergone blood gas analysis (BGA)

4 MATERIALS AND METHODS

42 (22.7%). 3456 of patients (64.5%) did not have any associating comorbid disease while 1904 had at least one
43 (35.5%). The most frequent comorbid disease was hypertension ?? IV.

44 Nowadays, consultations are more oftenly required because of extreme specialisation in very branch as well as
45 increase in production of medical knowledge, widespread utilisation of interventions requiring special education
46 and technique and increase in juristic and public pressure on doctors (1,2). Therefore it is necessary for the doctors
47 to work together in order to acquire a holistic point of view (1,2,3). In our hospital pulmonary consultations
48 are required mostly for a preoperative evaluation or any pulmonary pathology. For most of our patients (64.4%)
49 consultations were required for suggestions of diagnosis and treatment modality. This result is similar to Öztürk
50 and colleagues' study. The most common symptom was dyspnea and cough (41% and 18.7% resp.) This result
51 is also similar to the results of Zamani, Annakkaya, Ozturk, Gulec et al (4,5,1,6,7) Pulmonary consultations are
52 required by almost every clinic which were mostly from Departments of Internal Medicine and Surgery(27.6%
53 and 21.6% resp.). Arslan, Annakkaya, Ozturk, Ucar et al. reported in their studies that the most common request
54 was from departments involving surgery(7,5,1,8). Consultation requests from Internal Medicine were mainly for
55 diagnosis and treatment while surgical departments wanted additional preoperative evaluation. This outcome is
56 also parallel to the results of the study of Arslan et al (7).

57 Preoperative evaluation is critically important in order to foresee possible postoperative complications and
58 avoid them. 35.6% of our patients were consulted for preoperative evaluation. The percentages were 31 and 61 at
59 Karnak's and Annakkaya's studies respectively (9,5). Discussion may be listed as age, smoking, general health
60 condition (ASA>class 2), obesity, nutritional status, associating pulmonary infection and COPD (10). Half of
61 our patients were smokers yet most of them did not have established pulmonary disease.

62 Advanced age, especially over 70 is an important risk factor increasing mortality and morbidity. (4,7,11).
63 Our patients' age ranged between minimum 14 and maximum 98 years. (61.28±14.89). Associating COPD
64 is also an important risk factor for development of postoperative pulmonary complications (1). Furthermore
65 pharmaceuticals used at the management of COPD are reported to be causative risk factors for arrhythmias and
66 increasing cardiac complications (9).

67 The most common ordered tests were PFT and ABG (25.7% and 22.7% resp.). Pulmonary Function Testing
68 (PFT) is a cheap, simple and widely used method for evaluating the pulmonary symptoms and findings, diagnosing
69 obstructive or restrictive pulmonary diseases, identifying the severity of pulmonary impairment and managing
70 which should be certainly performed in patients who will be undergoing pulmonary resection (8). PFT has
71 a critical importance especially at identifying the main pathology in acute and undetermined dyspnea and at
72 managing the treatment (7,8). The frequency of ordering PFT and ABG was 13% and 49% in our study which
73 was 66% and 29% respectively in the study by Arslan et al (7).

74 The most common pulmonary complications were pneumonia, respiratory insufficiency, bronchospasm,
75 atelectasis, prolonged air leakage, bronchopleural fistula, empyema and exacerbation of pre-existing COPD
76 (9,10,11). We determined 110 cases showing at least one of these postoperative complications above. The most
77 common complications were fever and dyspnea. Mortality wasn't observed according to these complications.

78 24.4% of consulted patients were permitted to have operation, 44% were offered further examination and/or
79 medical treatment. Ucar et al reported that they offered medical treatment to 37% of the patients they had
80 consulted and for 29% they did not have an objection for operation (8). Arslan et al reported these numbers
81 respectively 34% and 30% (7).

82 We concluded that pulmonary consultations are mainly requested by departments of internal medicine for
83 diagnosis and management of dyspnea. Departments of surgery needed consultation additively for preoperative
84 evaluation. We think that pulmonary consultation for preoperative evaluation is crucial in diagnosing and
85 managing the diseases. ^{1 2}

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Figure 1: F

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8.7%).

112 (2.1%) of patients couldn't have chest x-ray examination for several reasons. 1296 of the rest (24.2%) had normal, while 3952 (73.7%) had abnormal chest x-ray findings. Hereupon, 1984 patients (37%) undergone computered chest x-ray examination and

Figure 2: Table 1 :

4 MATERIALS AND METHODS

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requiring consultation Departments	N	%
Internal Medicine	1480	27.6
Surgery	1160	21.6
Otorhinolaryngology	216	4.0
Urology	544	10.1
Microbiology and Infectious Diseases	152	2.8
Neurology	288	5.4
Gynecology and Obstetrics	120	2.2
Dermatology	176	3.3
Ophthalmology	88	1.6
Neurochirurgery	136	2.5
Anesthesiology and Intensive Care	104	1.9
Emergency	360	6.7
Ortopedia and Traumatology	536	10.0
Total	5360	100.0

Figure 3: Table 2 :

3

Complaints	N	%
None	904	16.9
Cough	1000	18.7
Dyspnea	2200	41.0
Hemoptysis	32	0.6
Chest pain	64	1.2
Cough and chest pain	824	15.4
Other complaints	336	6.2
Total	5360	100.0

Figure 4: Table 3 :

4

N %

Figure 5: Table 4 :

86 (In Turkish).
87 Evaluation

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