

Pattern of Non Tuberculosis Admission at a Thoracic Unit

Pages with reference to book, From 154 To 156

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Abstract

Two hundred and twenty one patients of chest disease other than Tuberculosis were admitted at thoracic unit, Jinnah Postgraduate Medical Centre during the year 1982 (January - December) are analysed.

Average ages for males and females were 49 and 42 years respectively. There was a male predominance in 40 - 60 years age group. Females were fairly equally represented in all age groups. Male to Female ratio was 2:1.

Bronchial Asthma, Pneumonia, cor-pulmonale and carcinoma of Bronchus formed 68% of the total admissions. Forty four percent of all bronchial Asthma were admitted in status Asthmaticus.

Twelve patients (5.4%) left or died before a diagnosis could be established, while twenty four (10%) died and 11 (5%) left against medical advice (JPMA 34 :154,1984).

Introduction

This paper is part of a study undertaken to see the pattern of disease and to assess the diagnostic and therapeutic approach at the Thoracic Unit of Jinnah Postgraduate Medical Centre, Karachi. First part dealing with tubercular patients has already been reported (Aziz and Beg, 1983). This paper deals with non-tubercular Respiratory diseases admitted during the same year.

Material and Methods

All the patients admitted at the chest ward of thoracic unit for the year 1982 (Jan -Dec), were recorded on a standard proforma, as soon after admission as possible. Clinical history, physical findings, daily progress, investigation, diagnosis and treatment were recorded till their discharge.

Results

Of 221 patients 149 were males and 72 females. Male to female ratio was 2:1. There was a male predominance in 40-60 years age group, while female showed almost equal distribution, till the age of 59, and a fall in above 60 age group (Fig).

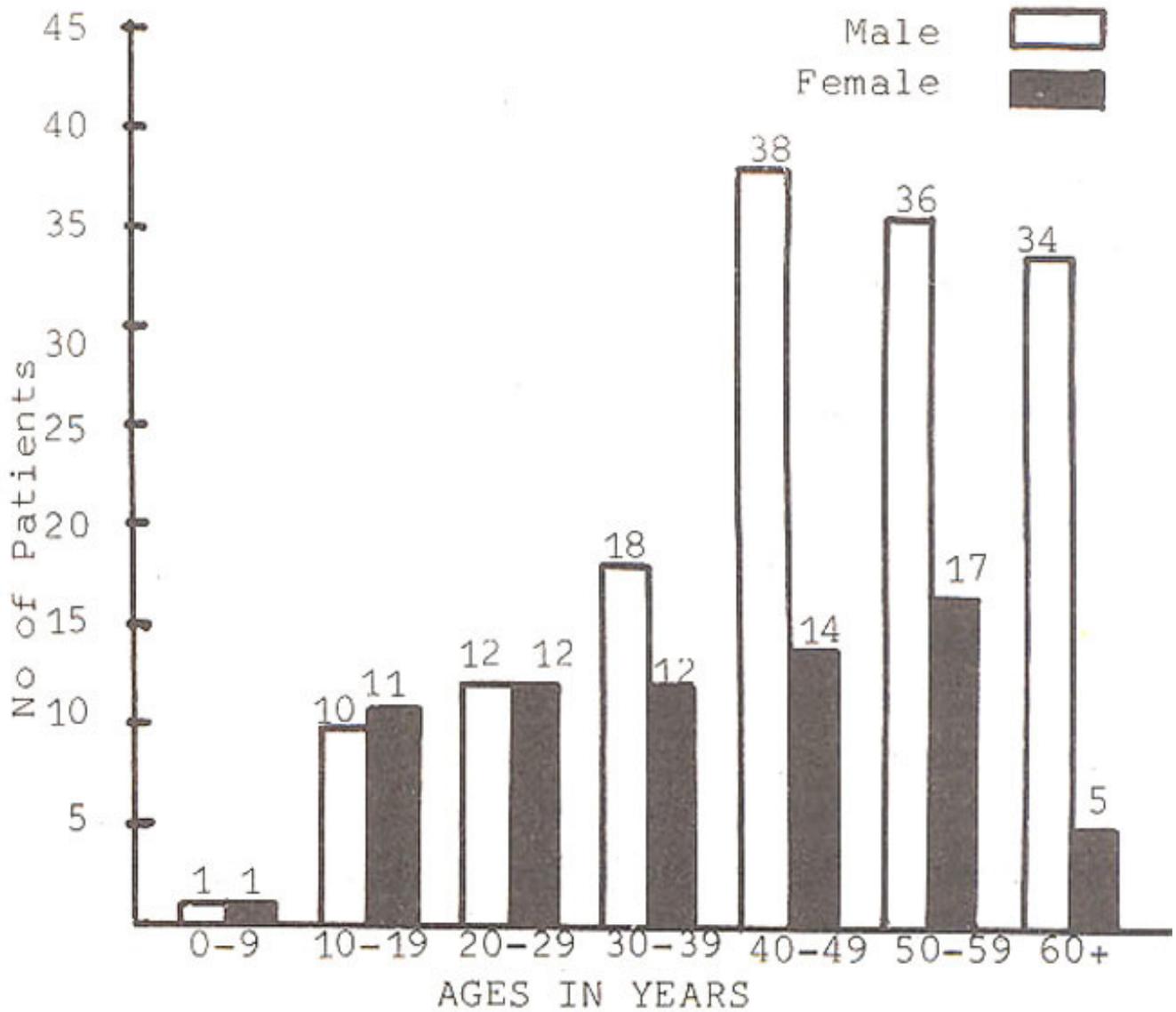


Fig. Age Distribution.

Fig. Age Distribution.

Sixty eight percent patients were admitted with the Bronchial Asthma, Pneumonia, Cor-Pul-monale, bronchiectasis and Bronchogenic carci noma (Table).

Table

Pattern of Admissions.

	Male	Female	Total	Percentage
Bronchial Asthma	28	25	53	24
Pneumonias (All types, including post pneumonic Effusion)	27	6	33	15
Cor-Pulmonale	20	5	25	11.3
Bronchiectasis	14	8	22	10
Carcinoma of Bronchus	18	—	18	8.14
Ch. Bronchitis Emphysema	9	2	11	5
Congestive Cardiac failure	4	1	5	2.26
Hydatid disease	1	4	5	2.26
Carcinomatosis	—	3	3	1.35
Oembic pleural effusion, Hodgkins, effusion due to factor V deficiency, lung abscess, pneumothorax	7	3	10	4.5
Pulm. Eosinophilia, Silicosis, pulmonary oedema				
Rest	14	10	24	10.86
Undiagnosed	7	5	12	5.4
Total	149	72	221	100

Next in order of frequency were chronic bronchitis, emphysema, Hydatid disease and congestive cardiac failure. The remaining 9% of cases had other medical and cardiac problems. Five percent died or left before final diagnosis could be established.

Fifty three cases of Bronchial Asthma were seen (28 males, 25 females). Male Female ratio in this group was 1:1 showing a higher frequency of asthma among females, half of bronchial Asthma were admitted in status Asthmaticus (18 M, 6F). Majority were allergic (21M - 23F). Three cases had candidiasis and five other respiratory infections. Steroid resistance was seen in one young male, who died without any significant relief.

There were 33 cases of Pneumonia. Bac. terial pneumonias were common, though all types were seen. Consolidations, lung abscesses, post pneumonic effusions were not infrequent and presented in various stages of disease. Majority responded to antibiotics and over all prognosis was good. Ten percent of the total admission had bronchiectasis (M 14-F8) and were admitted with severe infections or haemoptysis. Eighteen (8. 14%) males, most of them above 50 years of age presented with Bronchogenic carcinoma; majority were heavy smokers though in a few no history of smoking was available. Three female patients were seen with malignant pleural effusion, one had carcinoma thyroid, one carcinoma cheek, and in the third primary site was not known.

Cor..Pulmonale was seen in 20 males and 5 females (11.3%), Pneumothorax of non-tubercular origin was seen in only 2 (1.6%) patients.

Other medical diseases formed 11% of the total admissions. Seven percent left against medical advice or died before diagnosis could be established (Table).

Discussion

Bronchial asthma is the main emergency in the thoracic unit. Male to female ratio is about 1:1 which is consistent with the prevailing view as most surveys show a male predominance of Asthma in childhood of about 1.5:1, which tends to decrease at adolescence. In adults there is little difference in sexes, though in some series onset in females over the age of 35 years is more common than males (Editorial, 1971).

Extrinsic Asthma is much more common than intrinsic (Ford, 1959) in the absence of immunoglobulins the nature of Asthma whether atopic or non atopic is uncertain but clinical history of allergy was obtained from 81% patients. Approximately 5% of the patients do not respond to steroids who however respond well to broncho dilators (Crompton and Simpson, 1978). All patients in this series responded well except one, who died without showing any significant response to steroids.

Acute lobar pneumonias (Bacterial) were common in younger age group without any previous history of lung disease, as compared to other forms (non-bacterial). Lobar and segmental consolidations were regularly seen, and complications were fairly common though majority responded well to antibiotics. Bronchogenic carcinoma is increasing all over Pakistan, especially in Sind, compared to other provinces of the country. It increased from 7.4% of all tumours in 1973-4 to 9.7% in year 1977-80. The over all increase being 2.3% in five years (PMRC Monograph, 1982). The increase in Sind is mainly due to smoking habits of Karachi and Hyderabad, which are quite different from Northern areas (Jaffery, 1981). The fact borne out in the incidence in male to female ratio which is 12: 1. 3, the low incidence among females being due to virtually non-smoking females in this part of the world.

Bronchogenic carcinoma was seen only in 8% exclusively in Males (18 cases) in this series though the over all incidence in Jinnah Postgraduate Medical Centre was 14% of all tumours recorded in males (PMRC Monograph, 1982). The low percentage is mainly due to very active radiotherapy and thoracic surgical units in JPMC where patients are referred directly by other Centre for treatment.

Chronic respiratory disease also forms a fair number of cases, especially bronchiectatics seeking admission due to haemoptysis and acute chronic infections. Cor-pulmonale due to chronic pulmonary disease is secondary to infective diseases of the lungs resulting in residual damage. Chronic Bronchitis does not seem to be common disease, and along with Emphysema only forms 5% of the total admission.

Since Bronchial Asthma forms majority of admission its incidence and etiology in the other parts of the country may be of considerable interest.

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