

Chronic Obstructive Pulmonary Disease and its Effect

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Introduction

Chronic obstructive pulmonary disease (COPD) is a chronic lung illness that causes a reduced flow of air out of the lungs. Breathing difficulties, hacking, the production of body fluid (sputum), and wheezing are all symptoms. Long-term exposure to irritating gases or particulate matter, most commonly through cigarette smoke, is the most common cause. COPD patients are more likely to develop coronary artery disease, cellular breakdown in the lungs, and a variety of other conditions.

The two most common factors that contribute to COPD are emphysema and chronic bronchitis. These two events frequently occur concurrently and can vary in severity in patients with COPD. Constant bronchitis is an irritation of the bronchial cylinders' coverings, which transport air to and from the lungs' air sacs (alveoli). Everyday hacking and the production of body fluid (sputum) are examples.

Emphysema is a disorder in which the alveoli at the end of the lungs' smallest air passages (bronchioles) are destroyed as a result of exposure to tobacco smoke and other harmful chemicals and particulates. COPD is treatable, despite the fact that it is a dynamic illness that deteriorates with time. With proper administration, the vast majority of people with COPD can achieve excellent symptom control and personal satisfaction, as well as a lower risk of developing secondary complications.

COPD symptoms generally don't appear until significant lung damage has occurred, and they typically worsen with time, especially if smoking exposure continues. Shortness of breath, especially during proactive tasks, wheezing, chest tightness, a persistent hack that may produce bodily fluid (sputum) that is clear, white, yellow, or greenish, frequent respiratory contaminations, lack of energy, unintended weight loss (in later stages), swelling in lower legs, feet, or legs are all signs and symptoms of COPD.

COPD patients are also prone to episodes known as intensifications, in which their symptoms become more severe than usual and last for at least a few days. Tobacco smoking is the primary cause of COPD in developed countries. COPD is frequently seen in people who are exposed to pollution from cooking and heating in poorly ventilated homes in the developing world. Only a small percentage of long-term smokers develop clinically evident COPD, while many smokers with extended smoking histories may experience impaired lung function. A small percentage of smokers develop more unusual lung diseases. Until a more thorough examination is undertaken, they may be misdiagnosed as having COPD.

Through two massive cylinders, air travels down your (windpipe) and into your lungs (bronchi). Inside your lungs, these cylinders divide into multiple smaller cylinders (bronchioles) that finish in groups of little air sacs, much like the parts of a tree (alveoli). The air sacs have extremely thin partitions that are filled with tiny veins (vessels). The oxygen in the air you breathe enters your circulatory system through these veins. Simultaneously, carbon dioxide, a gas produced during digestion, is exhaled. To expel air from your body, your lungs rely on the regular flexibility of your bronchial cylinders and air sacs. COPD causes them to lose their flexibility and over-extend, leaving some air trapped in your lungs when you exhale.

Conflict of Interest

We have no conflict of interests to disclose and the manuscript has been read and approved by all named authors.

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