Pneumonia- Causes and Treatment
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Introduction
Pneumonia is an infection that inflames the air sacs in one or both lungs. The air sacs may fill with fluid, causing cough with phlegm or pus, fever and difficulty breathing. A variety of organisms, including bacteria, viruses and fungi, can cause pneumonia. Pneumonia can come in seriousness from mild to life-threatening. It is most serious for infants and young children, people older than age 65, and people with health problems or weakened immune systems. The signs and symptoms of pneumonia vary from mild to severe. Chest pain when you breathe or cough, Cough, from which you may produce phlegm, Fatigue, Fever, sweating and shaking chills, Lower body temperature, Nausea, vomiting or diarrhea, Shortness of breath. Many germs can cause pneumonia. The most common are bacteria and viruses in the air we breathe.

Community-acquired pneumonia is the most common type of pneumonia. Some people catch pneumonia during a hospital stay for an additional illness. Hospital-acquired pneumonia can be serious because the bacteria causing it may be more resistant to antibiotics and because the people who get it are already sick. Health care-acquired pneumonia is a bacterial infection that occurs in people who live in long-term care facilities or who receive care in outpatient clinics, including kidney dialysis centers. Aspiration pneumonia occurs once you inhale food, drink and saliva into your lungs. Aspiration is more likely if something disturbs your normal pharyngeal reflex, like a brain injury or swallowing problem, or excessive use of alcohol or drugs. Smoking damages your body’s natural defenses against the bacteria and viruses that cause pneumonia. Bacteria that enter the bloodstream from your lungs can spread the infection to other organs, potentially causing organ failure. Pneumonia may cause fluid to create up within the thin space between layers of tissue that line the lungs and thoracic cavity. Physical examination may sometimes reveal low blood pressure, high heart rate, or low oxygen saturation. The respiratory rate may be faster than normal, and this may occur a day or two before other signs. Examination of the chest may be normal, but it may show decreased expansion on the affected side. Harsh breath sounds from the larger airways that are transmitted through the inflamed lung are termed bronchial breathing and are heard on auscultation with a stethoscope. Crackles may be heard over the affected area during inspiration. Percussion could also be dulled over the affected lung, and increased, instead of decreased, vocal resonance distinguishes pneumonia from a pleural effusion. Blood tests are used to confirm an infection and to try to identify the type of organism causing the infection. However, precise identification isn’t always possible. Pulse oximetry measures the oxygen level in your blood. Pneumonia can prevent your lungs from moving enough oxygen into your bloodstream. Microbiological evaluation is addition-