

## The bronchiolitis: Lung disease

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### Introduction

Bronchiolitis is a common lung disease in children and infants. Bronchiolitis begins with symptoms similar to those of the common cold, but then progresses to coughing, shortness of breath, and difficulty breathing. Symptoms of bronchiolitis can last for a few days to weeks. Many children thrive on home-based care. A small percentage of children need hospitalization. If it is difficult to get your baby to eat or drink and his or her breathing becomes very fast or very tiring, call your child's doctor. This is especially important if your baby is under 12 weeks old or has other risk factors for bronchiolitis - including premature birth or heart or lung condition. The infection causes the bronchioles to swell and swell. The mucus collects in these airways, making it difficult for air to flow freely in or out of the lungs. Many cases of bronchiolitis are caused by respiratory syncytial virus (RSV). Bronchiolitis can also be caused by other germs, including those that cause colds or flu. Chronic bronchitis, on the other hand, often develops over time as a result of smoking or exposure to substances that irritate the environment, such as biomass fuel fumes or air pollution. This is also a long-term situation.

Respiratory diseases, including bronchiolitis and bronchitis, often have very similar symptoms. This can make diagnosis difficult. For this reason, diagnoses sometimes involve the removal of other lung conditions, such as pneumonia and asthma. Typically, a diagnosis of both bronchitis and bronchiolitis will involve a physician analyzing a person's medical history and reviewing their symptoms. The doctor will also perform a physical examination, during which they will measure oxygen levels and listen to chest sounds. In some cases, they may also perform blood tests and a chest X-ray to check for signs of infection.

To diagnose bronchiolitis, a health professional will perform a test called the nasopharyngeal swab, which tests for the presence of a respiratory syncytial virus. This is the most common cause of infection. Using salty nasal drops: Salted nose drops under the counter can help reduce nasal congestion. Apply a few drops to one nostril and use a vacuum cleaner to remove any mucous membranes. Sleeping straight: Sleeping with your head up can make it easier for a person to breathe. Trying for oxygen therapy: For chil-

dren with low levels of oxygen who need hospitalization, oxygen therapy can help. Source suggests that the use of high-flow oxygen support of the nasal cannula may reduce airway resistance and bring air pressure, making breathing easier.

Hypoxia is one of the possible complications of bronchiolitis. Hypoxia involves low levels of oxygen in the body. Inflammation of the airways may interfere with the supply of oxygen to the lungs. Shortness of breath can also cause bronchiolitis. When breathing becomes very difficult, it can eventually lead to respiratory failure or inability to exchange enough gases, including oxygen and carbon dioxide, in the lungs.

The distal airway of the larynx is usually sterile due to several protective mechanisms, both mechanical and humoral. The ciliated epithelium covered by mucous membranes covering the lower respiratory tract supplies sputum to the bronchi and trachea, triggering a cough reflex. Respiratory secretions contain substances that induce indirect anti-bacterial actions: alpha1 antitrypsin, lysozyme, and lactoferrin. At the level of the alveoli, powerful immune systems exist, including alveolar macrophages, a rich vasculature that is able to quickly deliver lymphocytes and granulocytes, and an effective lymphatic drainage network.

Bronchitis is an inflammation of the mucous membranes associated with the bronchi, the airways that carry air and remove it from the lungs. Pneumonia is inflammation of the lung tissue caused by a bacterial infection, infection, or fungus in one or both lungs associated with infiltration and inflammation of the alveoli. Both acute bronchitis and pneumonia are characterized by an increase in cough or without sputum production.

### Conflict of Interest

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

### Acknowledgments

The Authors are very thankful and honored to publish this article in the respective Journal and are also very great full to the reviewers for their positive response to this article publication.

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