



Exacerbated chronic obstructive pulmonary disease after seizure and Bronchoaspiration

Bruna Pereira

Medical students. Brazil University . Fernandópolis-SP.

Leticia Martins Bertati

Medical students. Brazil University . Fernandópolis-SP.

Nara Moraes Guimarães

Resident physician at Santa Casa de São Carlos-SP.

Larissa Moraes Barros

Student of the Unifai Medicine course. Adamantina-SP.

Laís Joverno Domingues

Students of the Medicine course Unifran Cruzeiro do Sul. Franca-SP.

Vitória Del' Arco Cervo

Students of the Medicine course Unifran Cruzeiro do Sul. Franca-SP.

Ali Esgaib Khalaf

Medical students. Brazil University . Fernandópolis-SP.

Vitor Hugo Ramos Alves

Physician graduated from Universidade Brasil. Fernandópolis-SP.

Anna Gabrielly Macias

Resident physician at Santa Casa de Fernandópolis-SP.

Marília Flaviane Dácia

Professor of Medicine. Brazil University. Fernandópolis-SP.

ABSTRACT

Chronic Obstructive Pulmonary Disease (COPD) is a chronic inflammatory lung disease that arises after contact with the lungs, which causes a decrease in airflow and persistent loss of lung function. Rhabdomyolysis is a clinical-laboratory syndrome and is recognized by the annihilation of muscle fibers. Causes: trauma, excessive muscle activity, change in body temperature, seizure activity, among other factors. As muscle tissues are attacked, it causes the release of intracellular components into the circulation, such as electrolytes, myoglobin, and sarcoplasmic proteins.

Keywords: Bexigoma, Convulsive crisis, Chronic Obstructive Pulmonary Disease.

1 INTRODUCTION

Chronic Obstructive Pulmonary Disease (COPD) is a chronic inflammatory lung disease that arises after contact with the lungs, which causes a decrease in airflow and persistent loss of lung function. We



report here a case of a patient with exacerbation of Chronic Obstructive Pulmonary Disease (COPD) after having hexigoma, seizure and bronchoaspiration.

2 CASE REPORT

Patient J.S.T., 67 years old, male, former smoker with high smoking history (120 packs/year), COPD and no previous history of seizures or epilepsy. The patient was taken to the emergency room due to bronchospasm. Negative COVID-19 antigen test. The patient was admitted to the referral hospital with a diagnostic hypothesis of exacerbated COPD, bronchoaspiration pneumonia and acute kidney injury secondary to rhabdomyolysis due to a possible seizure and plungoma. History of syncope associated with vomiting and sphincter release after pain crisis due to not being able to urinate for hours. Complementary tests: Chest CT scan: confluent consolidative opacities in the medial aspect of the right posterior basal segment, with a small air component of a probable pneumonic nature (bronchoaspiration). Sparse mild pulmonary emphysema, predominating in upper lung fields, increased pulmonary artery trunk caliber, measuring 3.2 cm. Cranial tomography: no acute changes. Ultrasonography (USG) kidneys and urinary tract: left renal septate cyst. Prostate USG: slight increase in prostate volume (33.3g). He used ceftriaxone and clindamycin and was referred for outpatient follow-up with a urologist at discharge.

3 DISCUSSION

Rhabdomyolysis is a clinical-laboratory syndrome and is recognized by the annihilation of muscle fibers. Causes: trauma, excessive muscle activity, change in body temperature, seizure activity, among other factors. As muscle tissues are attacked, it causes the release of intracellular components into the circulation, such as electrolytes, myoglobin, and sarcoplasmic proteins. The presence of myoglobinuria is marked in rhabdomyolysis, and the exact mechanism in acute kidney injury is still uncertain. Syncope is a rapid and sudden loss of consciousness, causing loss of postural tone, as there is a decrease in blood perfusion in the brain, with vasovagal syncope being the most common. After a vagal stimulus, there is inhibition of the sympathetic system, which generates vasoconstriction of the vessels in the periphery, resulting in hypotension. Bronchoaspiration and bronchoaspiration pneumonia are important factors in the exacerbation of COPD, which worsens the clinical picture.

4 CONCLUSION

The report in question shows a patient with exacerbation and other complications not usually seen in daily clinical practice. It is of profound importance to recognize the patient's clinical picture as a whole and repair the damage caused to the patient's body.



REFERENCES

Empresa Brasileira de Serviços Hospitalares. Exacerbação aguda da doença pulmonar obstrutiva crônica em sala de urgência. Universidade federal do triângulo mineiro hospital de clínicas, 2021.

Gold. Global Strategy for the diagnosis, management, and prevention of chronic obstructive pulmonary disease: GOLD Executive Summary update 2017.

Rocha B.M.L, Gomes R.V, Cunha G.J.L, et al. Abordagem diagnóstica e terapia da síncope reflexa cardio - inibitória - A complexidade de um tema controverso. Abordagem diagnóstica e terapêutica da síncope reflexa cardioinibitória: uma questão complexa e controversa. Revista Portuguesa de Cardiologia. Volume 38, edição 9 , setembro de 2019 , páginas 661-67

Silva K.C., Silva L.P.P., Protocolo de broncoaspiração relacionado à pneumonia associada à ventilação mecânica. Rev. Multiprofissional em Saúde do Hospital São Marcos, Teresina. 2018; 3(1): 01-09.

Toó, P.H.R. Pneumonia Adquirida no Hospital (PAH). Revista Uniplac, v.6, n.1, 2018.