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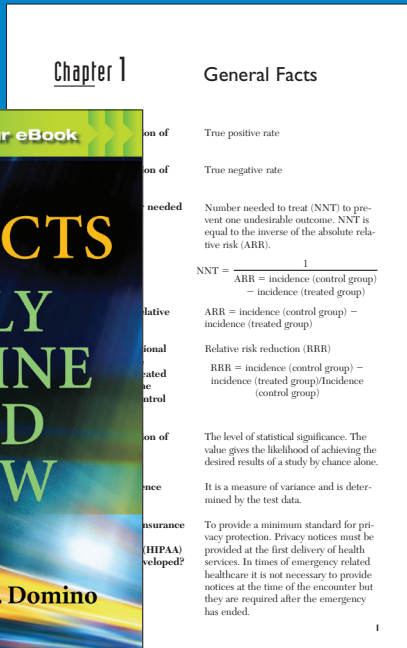
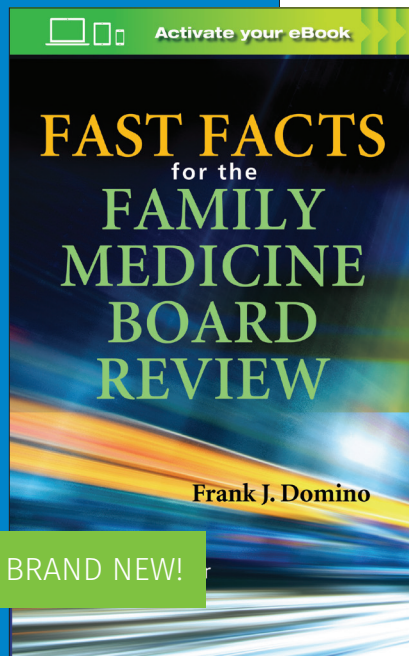
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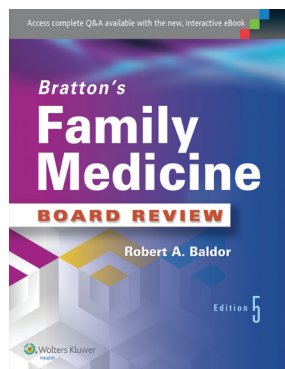
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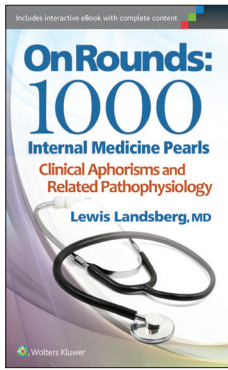
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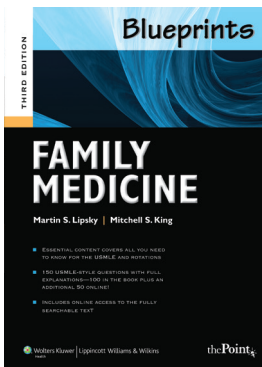
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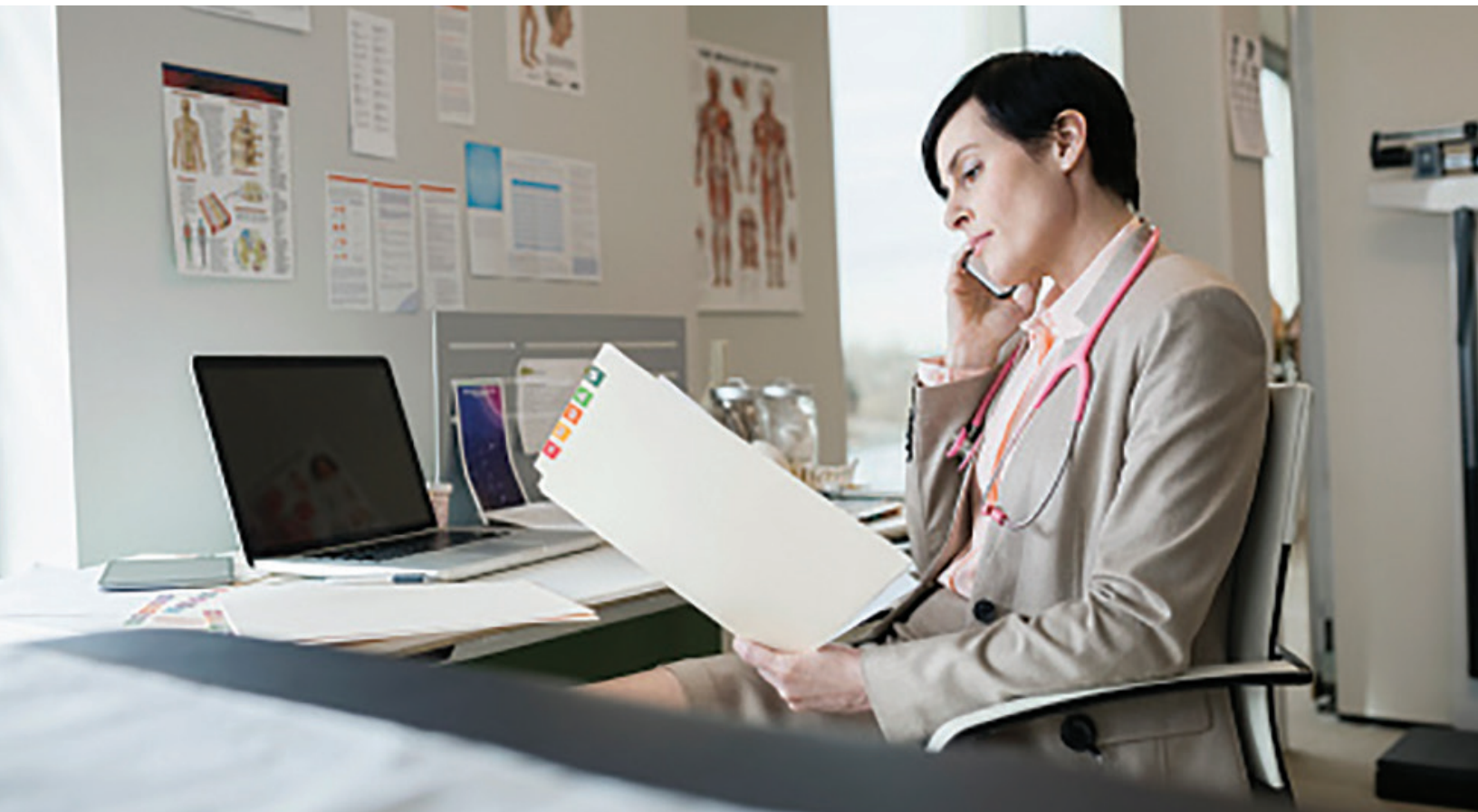
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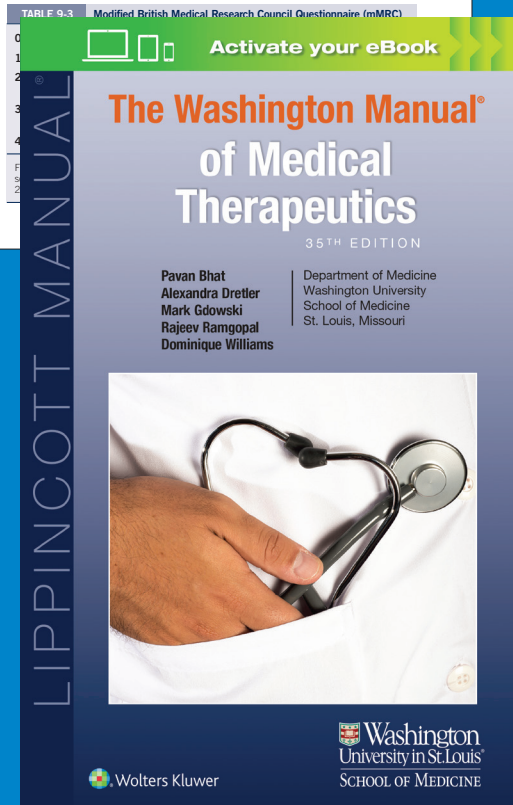
252 | Chapter 9 • Obstructive Lung Disease

TABLE 9-2	Chronic Obstructive Pulmonary Disease Assessment Tool (CAT)					
I never cough.	1	2	3	4	5	I cough all the time.
I have no phlegm or mucus in my chest.	1	2	3	4	5	My chest is completely full of mucus or phlegm.
My chest does not feel tight.	1	2	3	4	5	My chest feels tight.
When I walk up a hill or one flight of stairs, I am not breathless.	1	2	3	4	5	When I walk up a hill or one flight of stairs, I am very breathless.
I am not limited doing any activities at home.	1	2	3	4	5	I am limited doing activities at home.
I am confident leaving my home despite my lung condition.	1	2	3	4	5	I am not at all confident leaving my home because of my lung condition.
I sleep soundly.	1	2	3	4	5	I don't sleep soundly because of my lung condition.
I have lots of energy.	1	2	3	4	5	I have no energy at all.

Total score is sum of scores from individual question scales.
From Jones PW, Harding G, Berry P, et al. Development and first validation of the COPD Assessment Test. *Eur Respir J* 2009;34:648-54.

Diagnostic Testing

- Consider the diagnosis of COPD in any patient with chronic cough, dyspnea, or sputum production as well as any patient with a history of exposure to COPD risk factors, especially cigarette smoking (*GOLD Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease [Updated 2014]. Available at www.goldcopd.com.*)
- Pulmonary function testing**
 - A definite diagnosis of COPD requires the presence of expiratory airflow limitation on spirometry, measured as the FEV₁/forced vital capacity (FVC) ratio. Although



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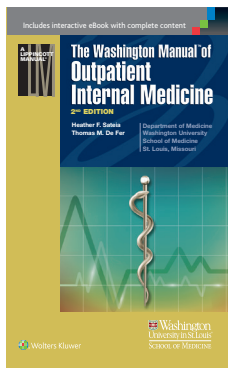
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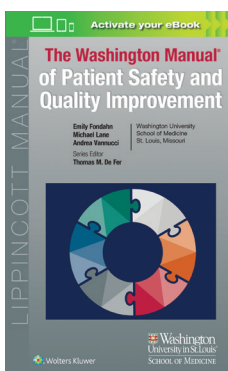
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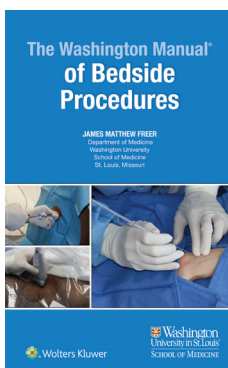
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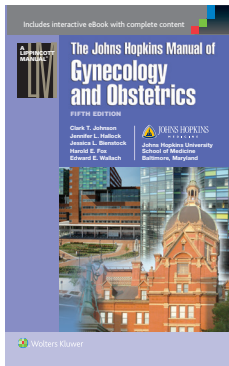
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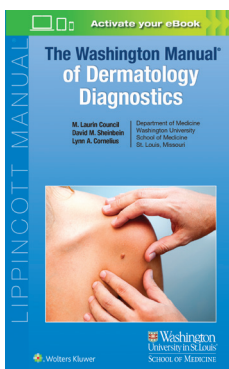
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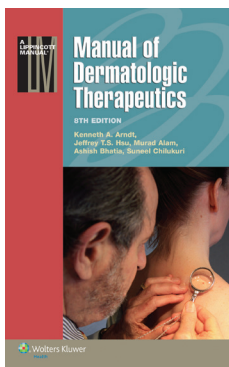
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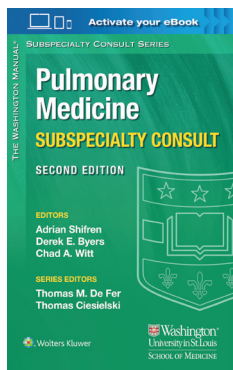
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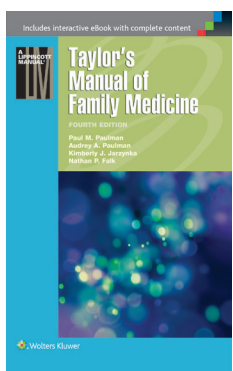
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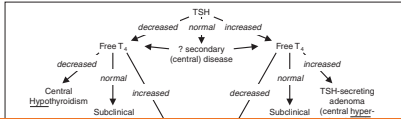
Quick-Reference Pocket Guides

THYROID DISORDERS

Test	Comments
Thyroid-stimulating hormone (TSH)	Most sensitive test to detect 1° hypo- and hyperthyroidism May be inappropriately normal in central etiologies ↓ by dopamine, glucocorticoids, severe illness
Free T₄ (FT₄)	Unbound T ₄ , not influenced by TBG
Total T₃ and T₄	Total serum concentrations (∴ influenced by TBG)
Thyroxine-binding globulin (TBG)	↑ TBG (∴ ↑ T ₄): estrogen (OCP, pregnancy), hepatitis, opioids, hereditary ↓ TBG (∴ ↓ T ₄): androgens, glucocorticoids, nephritic syndrome, cirrhosis, acromegaly, antiepileptics, hereditary
Reverse T₃	Inactive, ↑ in sick euthyroid syndrome
Thyroid antibodies	Antithyroid peroxidase (TPO) seen in Hashimoto's (high titer), painless thyroiditis and Graves' disease (low titer) Thyroid-stimulating Ig (TSI) and thyrotropin-binding inhibitory immunoglobulin (TBI) seen in Graves' disease
Thyroglobulin	↑ in goiter, hyperthyroidism and thyroiditis ↓ in factitious ingestion of thyroid hormone Tumor marker for thyroid cancer only after total thyroidectomy and radioiodine therapy
Radioactive iodine uptake (RAIU) scan	Useful to differentiate causes of hyperthyroidism ↑ uptake homogeneous = Graves' disease heterogeneous = multinodular goiter 1 focus of uptake w/ suppression of rest of gland = hot nodule no uptake = subacute painful (de Quervain's) or silent thyroiditis, exogenous thyroid hormone, recent iodine load, struma ovarii or antithyroid drugs

(Lancet 2001;357:619 & Thyroid 2003;13:19)

Figure 7-1 Approach to thyroid disorders



THYROID 7-3

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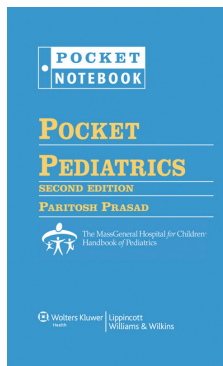
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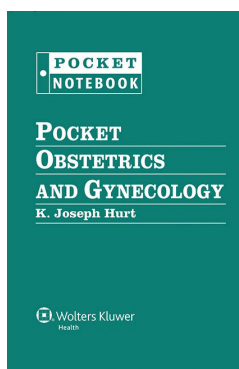
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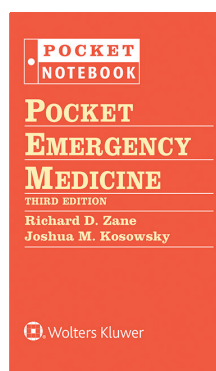
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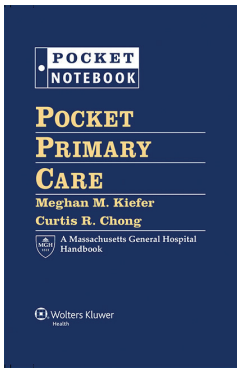
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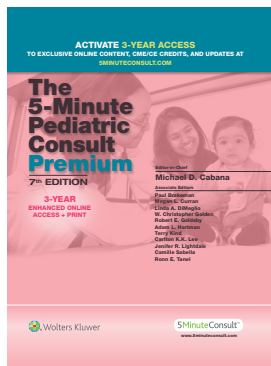
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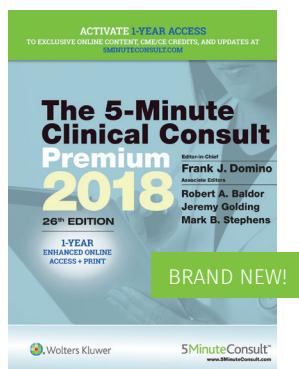
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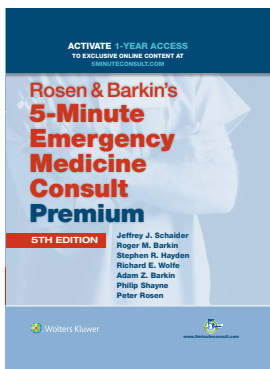
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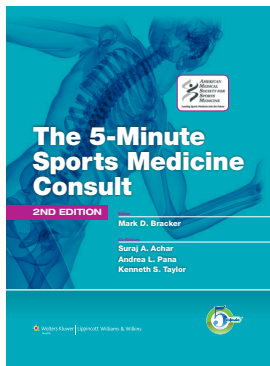
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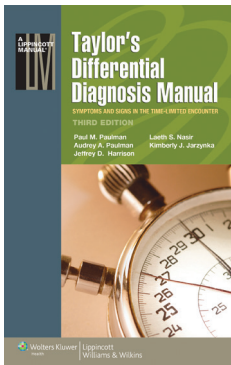
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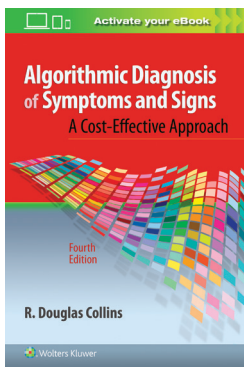
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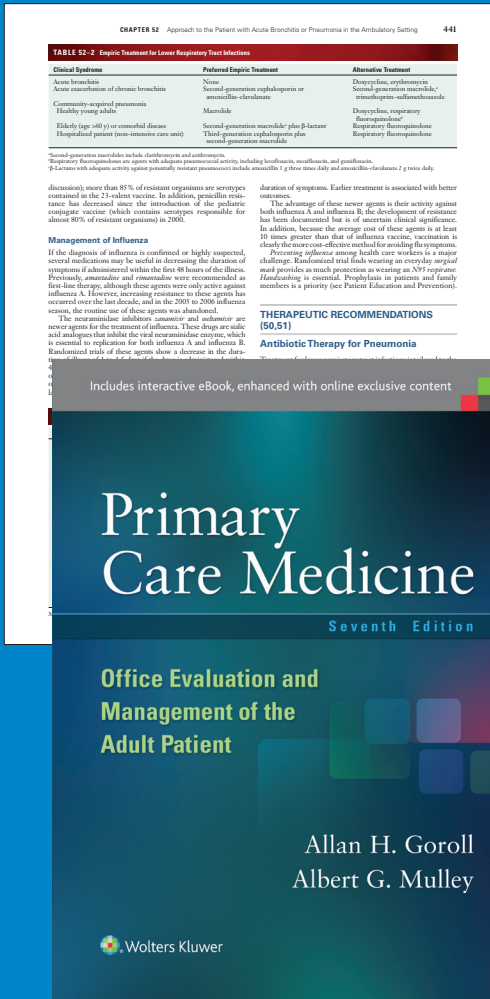
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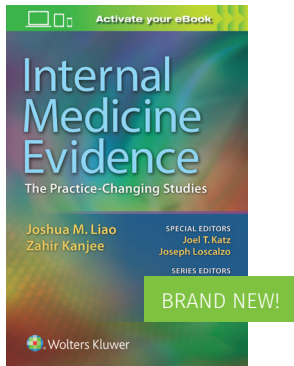
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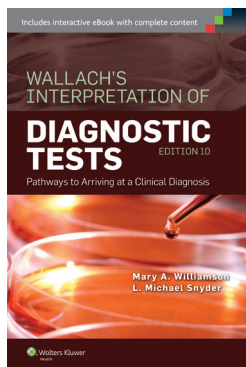
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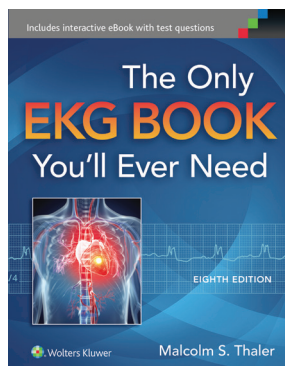
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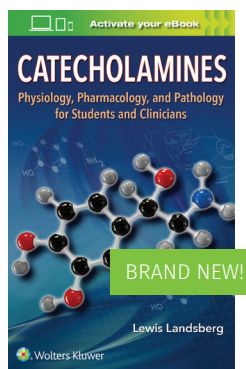
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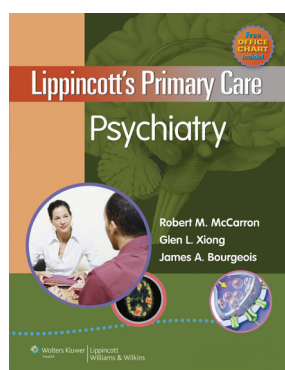
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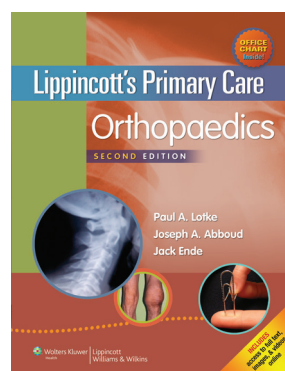
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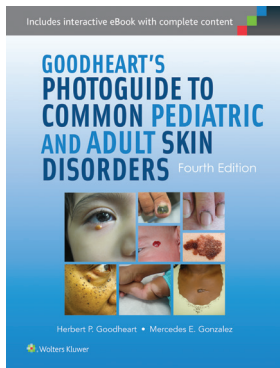
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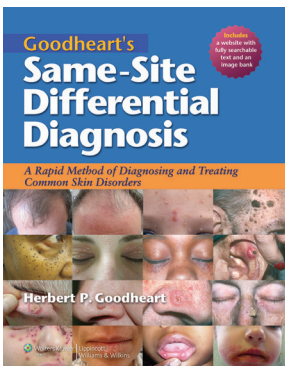
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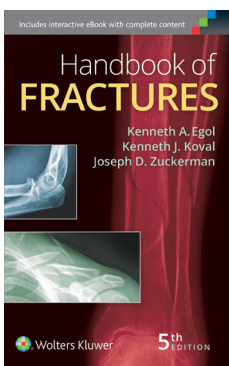
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Procedural Guidance

196 TABLE 26-1. Recommended Cryosurgical Freeze Times After Visible Ice Formation

Time	Lesion	Number of Freezes*
5 s	Actinic keratosis	Once
	Skin tags	Once
	Solar lentigo	Once
10 s	Cherry angioma	Once
	Common & genital warts	Once or twice
10-15 s	Oral mucosa	Once
	Cutaneous horn (base)	Once
	Pyogenic granuloma	Once repeated weekly until resolution
20-30 s	Schaeffer's hyperplasia	Once repeated monthly until resolution
	Schroetter's keratosis	Once repeated weekly until resolution
	Bowen's disease	Once to three times, sometimes with debulking
20-60 s	Hypertrophic scar	Once used alone, with debulking, or with intraliesional steroids
	Keloid	Once to three times, repeated bimonthly until resolution used alone, with debulking, or with intraliesional steroids
	Keratoacanthoma	Once, often with debulking
60-90 s	Myxoid cyst	Once
	Dermatofibroma	Once or twice, repeated bimonthly until resolution
	Plantar warts	Once to three times, repeated monthly until resolution. Often with paring and sometimes in conjunction with topical keratolytics and occlusive therapy
60-90 s	Basal cell carcinoma†	Once
	Lentigo maligna†	Once, when surgical removal is not an option
	Squamous cell carcinoma†	Once to three times

*Using a freeze-thaw-refreeze technique with multiple freezes.
 †Using a freeze-thaw-refreeze technique with multiple freezes. Risk of complications is higher with cryosurgery so referred to an experienced clinician is typically recommended.
 ‡Muhlestein JE, Zimmmerman EE, Crawford P. Cryosurgery. In: *Am Fam Physician*. 2012;86(12):1118-1124. Ashken MD. Cryosurgery for common skin conditions. *Am Fam Physician*. 2004;69(2):252-257. Kofia EE. Cryosurgery updated. *J Am Acad Dermatol*. 1993;30(5):925-944. Gibson CF. Cryosurgery. *Clin Pract Surg*. 1993;20(1):111-140. The ME, Sackler RD. Cryosurgery of benign skin lesions. *dermatol J*. 1999;45(4):171-184.

After the procedure, cryosurgery produces anesthesia in the treated tissues. Frozen tissue reacts with peripheral edema immediately after thawing. Subsequent bulla formation and resolution occur before the area heals in a fine atrophic scar within 4 weeks.^{1,2} The technique produces high cure rates with good cosmetic results. Certain medical conditions can produce an exaggerated tissue response to the freezing of the skin (listed in the relative contraindications section). Patients with conditions that produce serum cold-induced antibodies (i.e., cryoglobulins) are at greater risk for marked skin necrosis.

When using nitrous oxide-based therapy with a cryogen, the pressure should read well in the green zone after the valve is turned or maximal temperatures may not be reached. Note that a 20-lb gas cylinder ("short" tank) is preferable to 6-pound "E" tank since it produces a more efficient pressure release curve. The National Institute for Occupational Safety and Health (NIOSH) recommends minimizing exposure to the exhausted gas to prevent short-term behavioral and long-term reproductive health effects that can be caused by N₂O by room ventilation, exhausting directly to the outdoors, and good equipment maintenance.³

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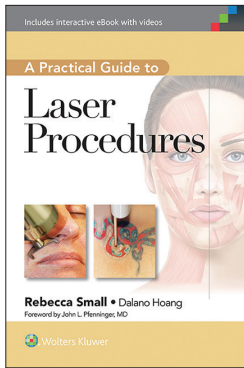
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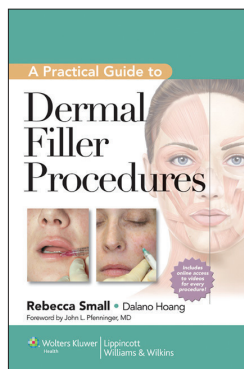
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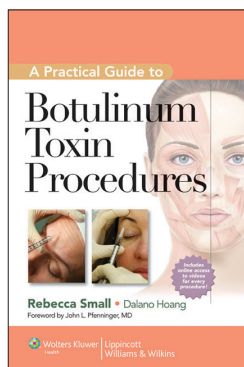
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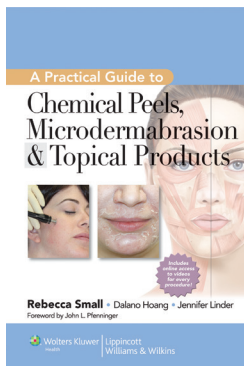
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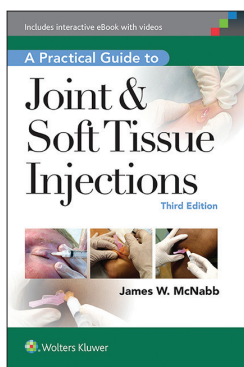
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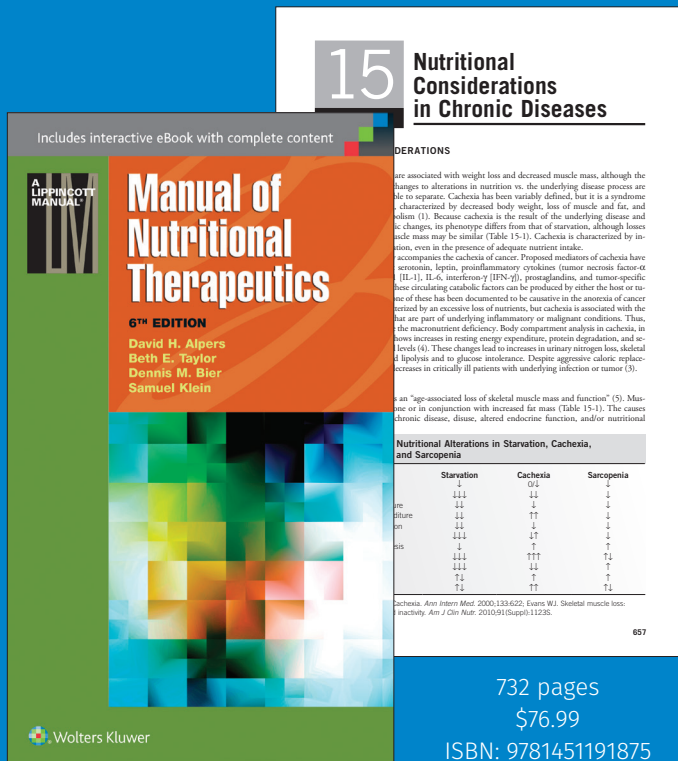
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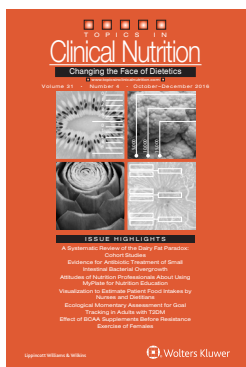


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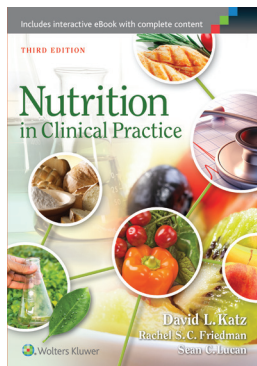
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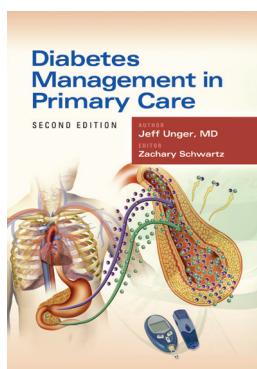
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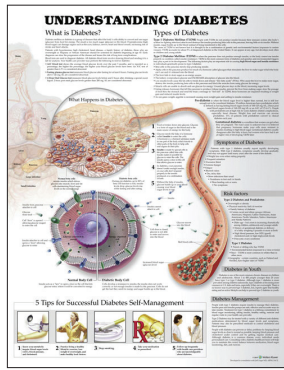
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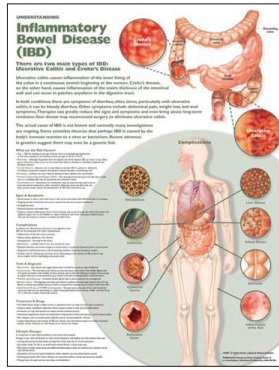


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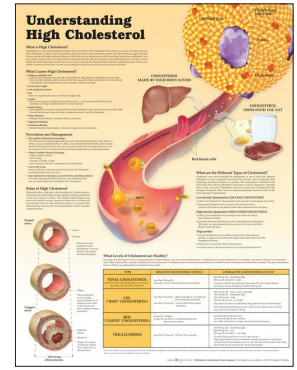


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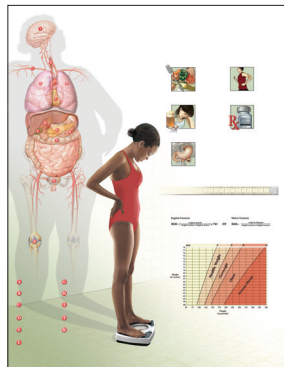


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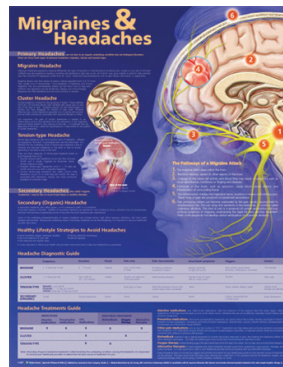


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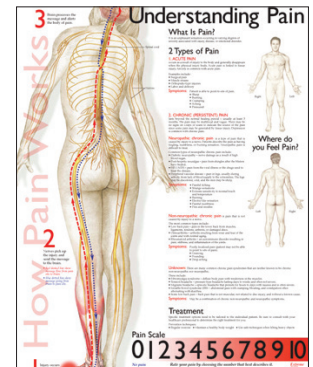


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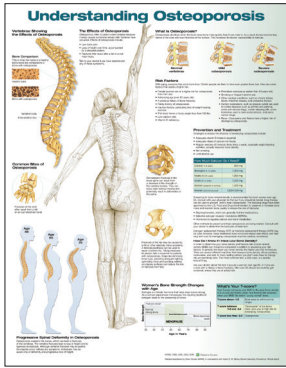
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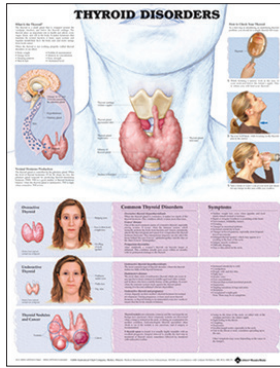




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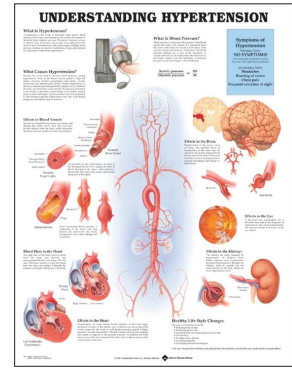
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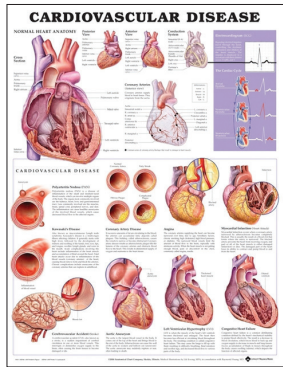
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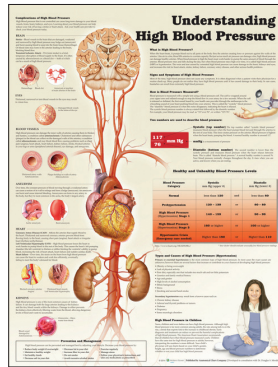
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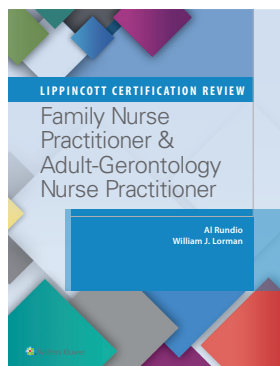
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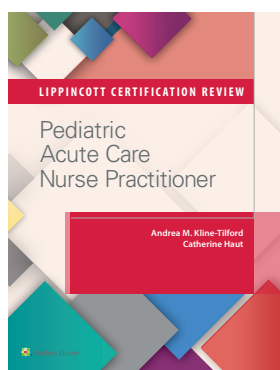
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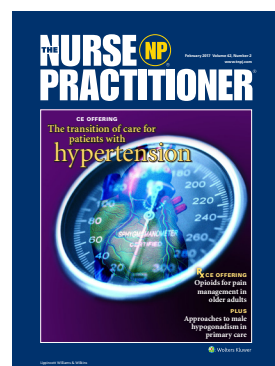
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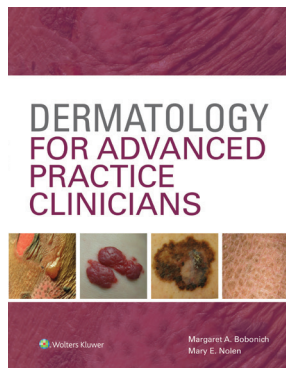
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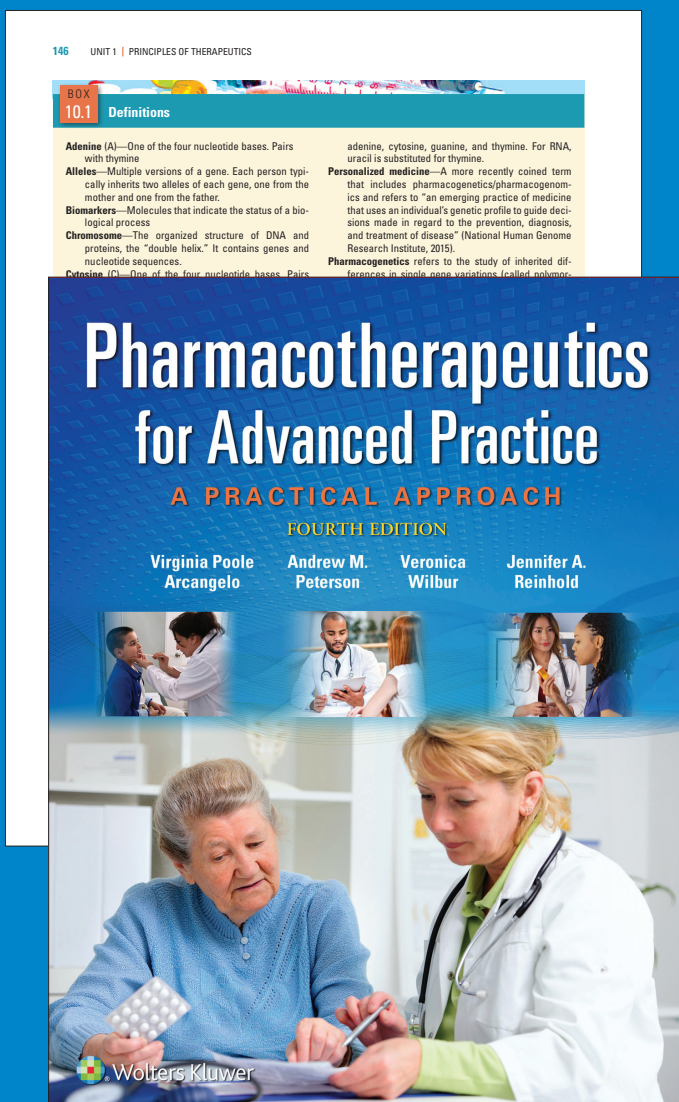
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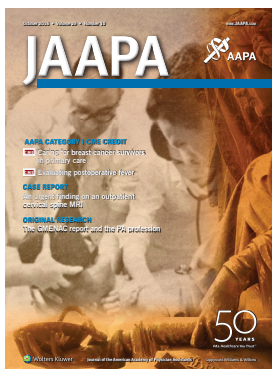
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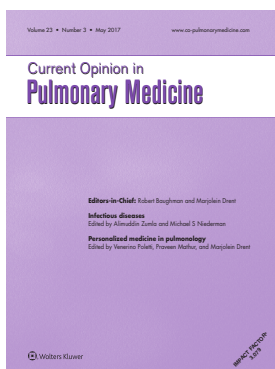
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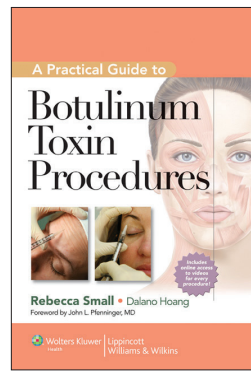
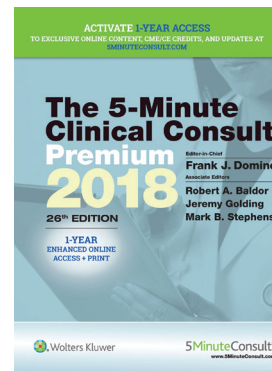
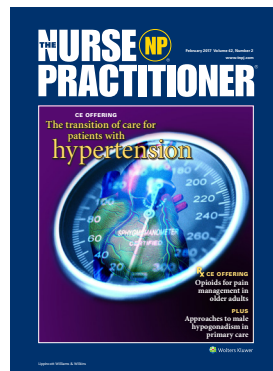
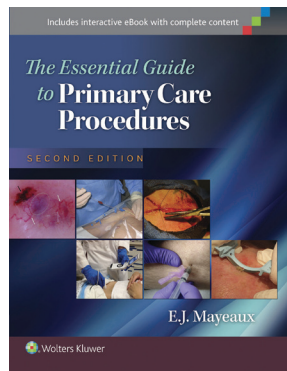
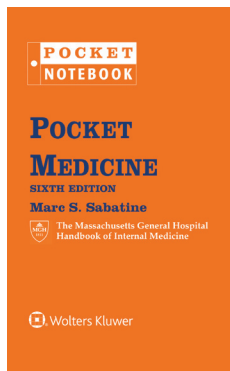
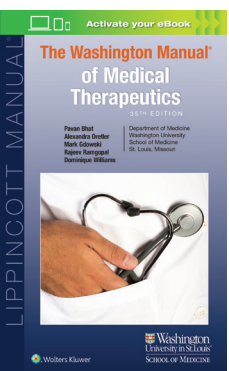




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