CH 2 Dyspnoea

Dyspnoea → CXR

Congestive heart failure →

Pulmonary embolism →

Infection →

Asthma, COPD exacerbation →

Diffuse lung disease, tracheobronchomalacia →

Pleural or chest wall mass lesion →

Pleural effusion →

Lung mass →

Pneumothorax →

Start appropriate medical treatment. Echocardiography is for assessment of cardiac function. Cardiac MRI, CT and radionuclide studies are reserved for specific indications such as assessment of structural abnormality, coronary artery status, regional wall motion abnormality and ischaemic area etc.

CT pulmonary angiogram and V/Q scan are the imaging modalities of choice, subject to local availability and clinical context.

Start appropriate treatment if infection is suspected.

CT thorax if pneumonia has not resolved in 6-12 weeks.

Start appropriate treatment if infection is suspected.

HRCT (inspiration +/- expiration)

Contrast CT or MRI thorax

US can confirm pleural effusion and guide drainage. CT thorax may characterize underlying pleural disease.

Contrast CT thorax +/- staging work-up if the lesion is malignant

Start appropriate treatment
REMARKS

1. Dyspnoea can be broadly classified into cardiac or pulmonary origins.

2. Chest X-ray (CXR) usually forms part of the initial workup for patients presenting with dyspnoea.

3. In two-thirds of the cases, CXR can help to make a diagnosis.

4. For patients with asthma or chronic obstructive pulmonary disease (COPD) exacerbation, a CXR is only needed under specific circumstances, e.g. when infection is suspected or if the condition does not respond to treatment.

5. High resolution CT (HRCT) is useful for diffuse lung disease, for example, interstitial lung disease, bronchiectasis, pneumoconiosis, sarcoidosis and emphysema. Expiratory HRCT can detect air trapping and tracheobronchomalacia.

6. Contrast CT thorax is needed when there is persistent consolidation, suspicion of pulmonary embolism, pulmonary or extrapulmonary mass.

7. MRI is usually reserved for evaluation of pleural disease or patients with chest wall mass.

REFERENCES


