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www.femteconline.org



**ASSOCIAZIONE NAZIONALE UFFICIALI
DI STATO CIVILE ED ANAGRAFE**
Presidente: Paride Gullini
www.anusca.it

In collaborazione con
GARD (Global Alliance Chronic Respiratory Diseases) **Italia** e **AIST** (Ass. It. Studio Tosse)
e
Terme di Castel San Pietro



GIORNATA INTERNAZIONALE DI STUDIO

ALLA RICERCA... DEL RESPIRO PERDUTO!

**APPROCCIO MULTILATERALE E INTEGRATO
PER LA PREVENZIONE, CURA E BENESSERE**

CASTEL SAN PIETRO TERME (Bologna), 27 Maggio 2023
Anusca Palace Hotel - www.anuscapalacehotel.com

A.N.U.S.C.A. Associazione Nazionale Ufficiali di Stato Civile ed Anagrafe
Viale Terme 1056 Castel San Pietro Terme (BO)

Dr. Grosso Daniele E.

Termalismo e malattie dell'apparato respiratorio

Malattie muco ostruttive

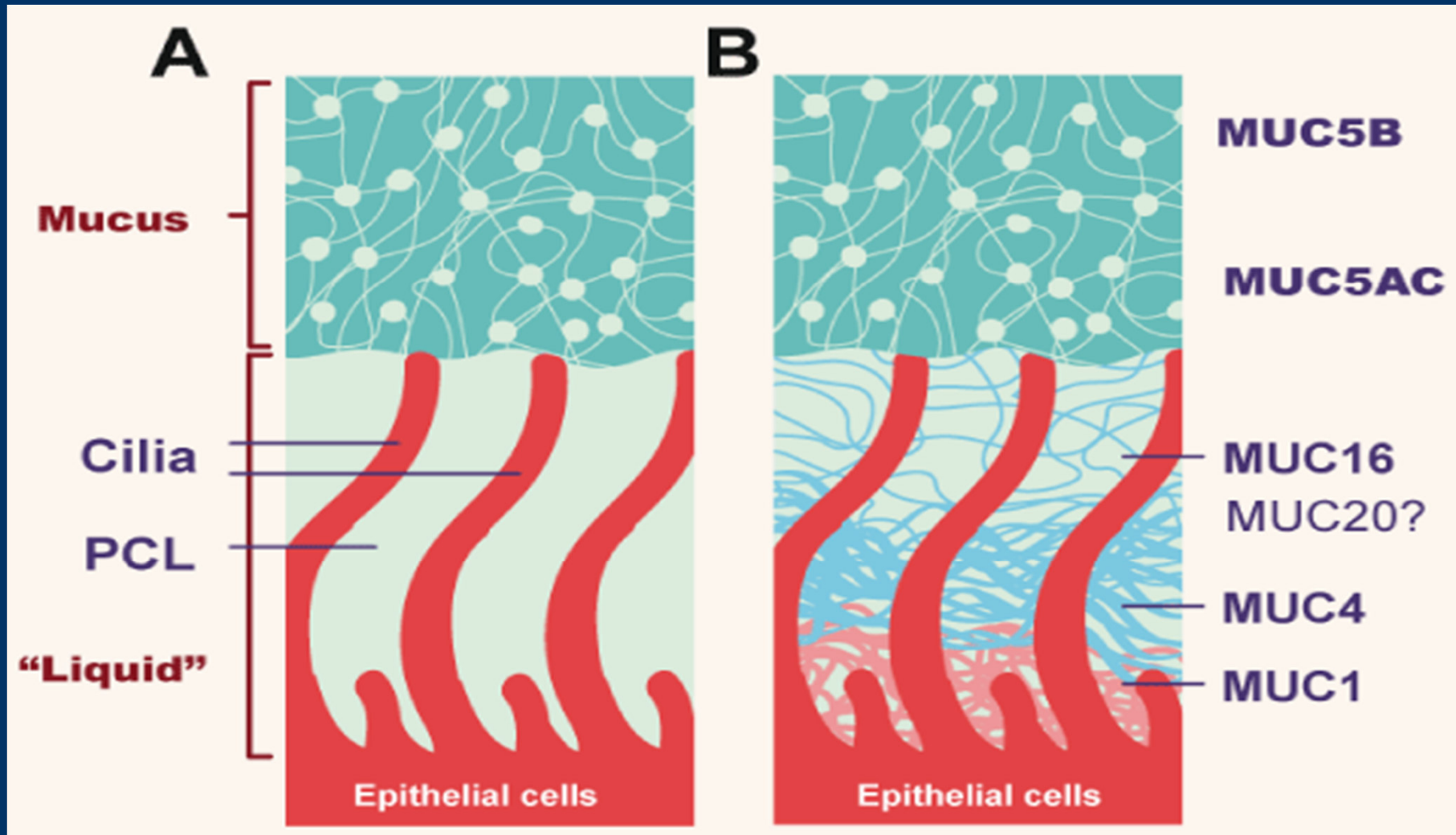
.BPCO

.Fibrosi cistica

**.Bronchiectasie non da fibrosi
cistica**

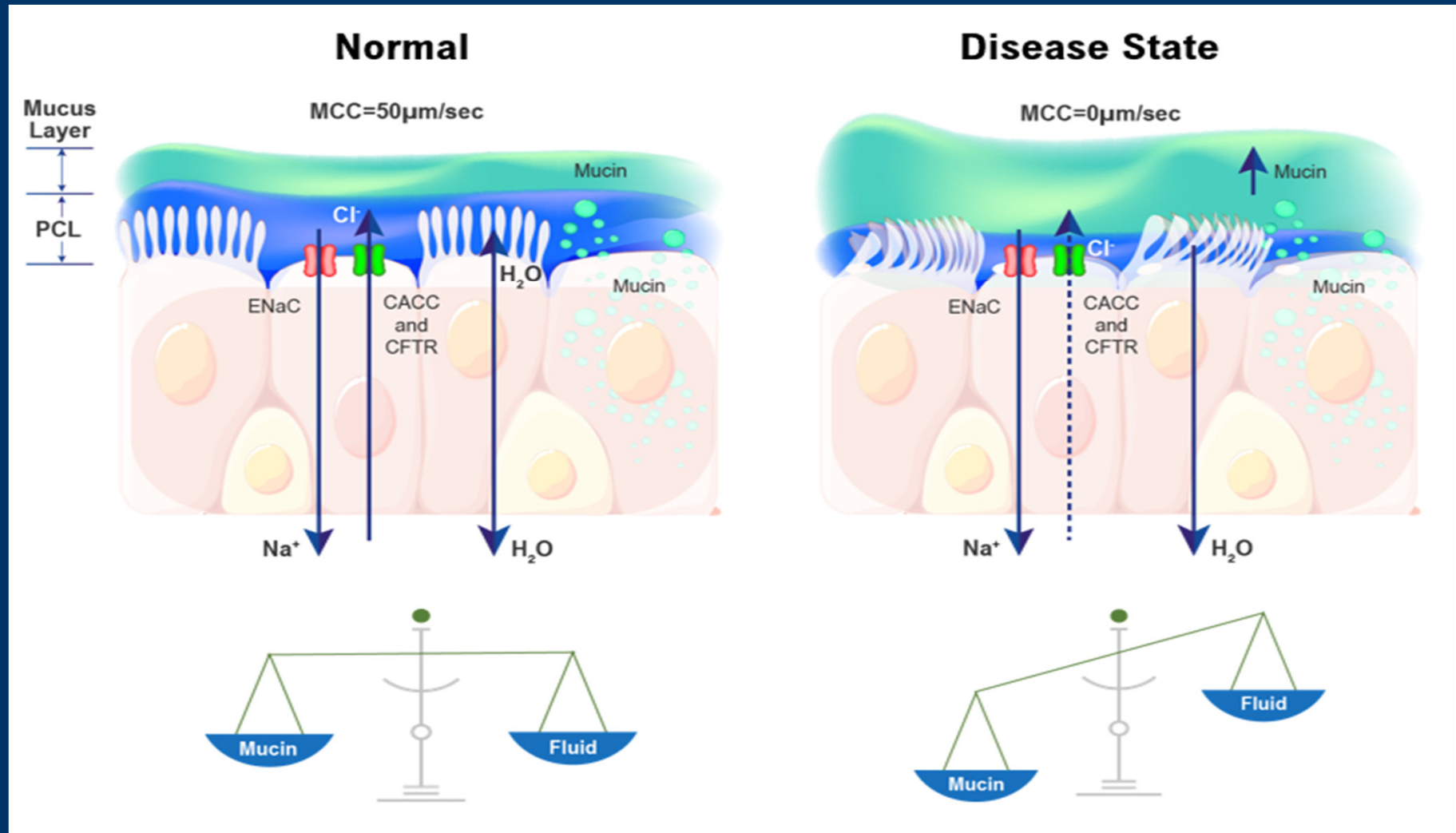
.Discinesia ciliare primaria

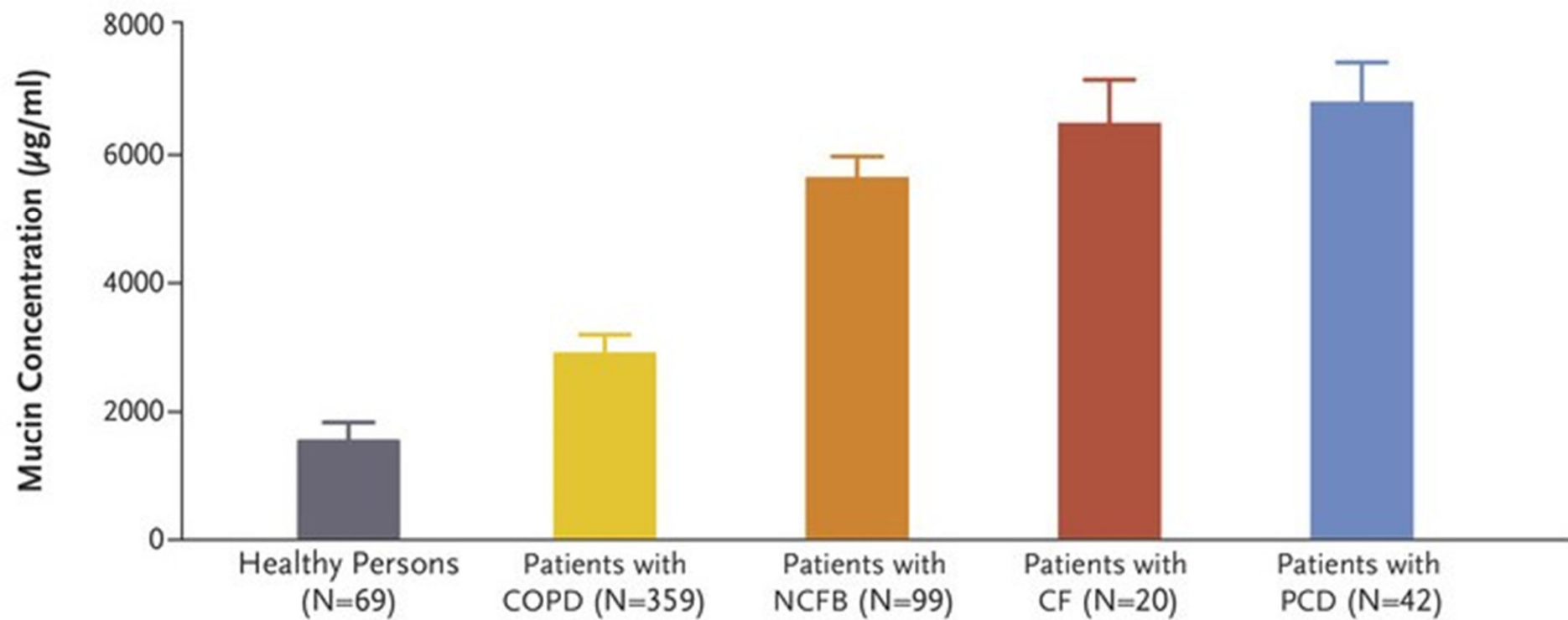
Composizione del muco



ale è costituito per il 97% da acqua e per il 3% solidi (mucine, proteine non mucine, sali, lipidi e detri

Muco bronchiale





Muco-Obstructive Lung Diseases Richard C. Boucher, M.D

N Engl J Med 2019;380:1941-53.

Circolo vizioso nelle malattie muco ostruttive

Insulto iniziale (Es. Aspirazione o Infezione virale)



Aumentata produzione di muco iperconcentrato



RILASCIO CITOCINE PROINFIAMMATORIE

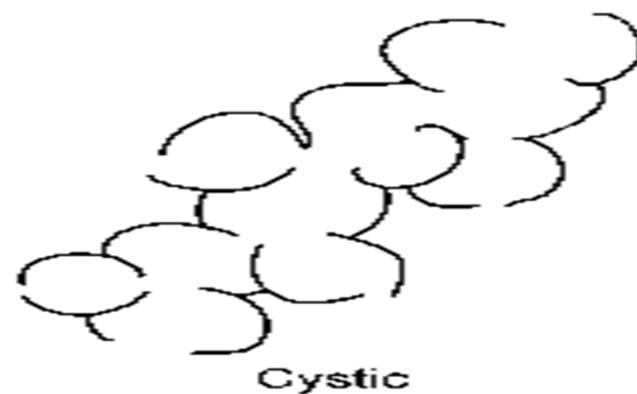
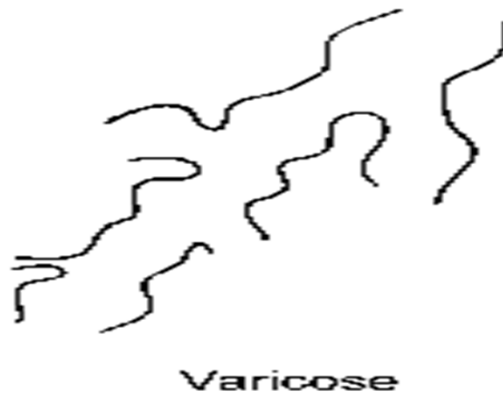


MUCO

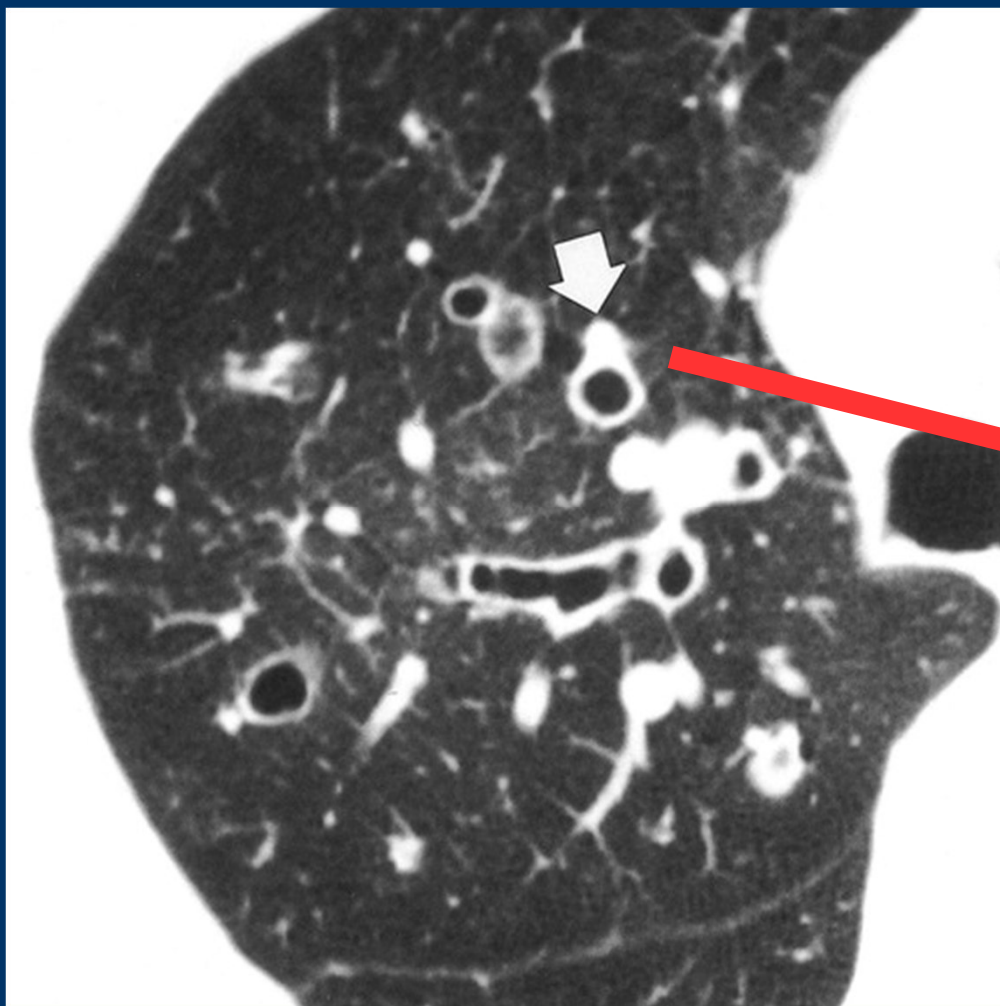
ATTIVAZIONE DEI NEUTROFILI

Bronchiectasie

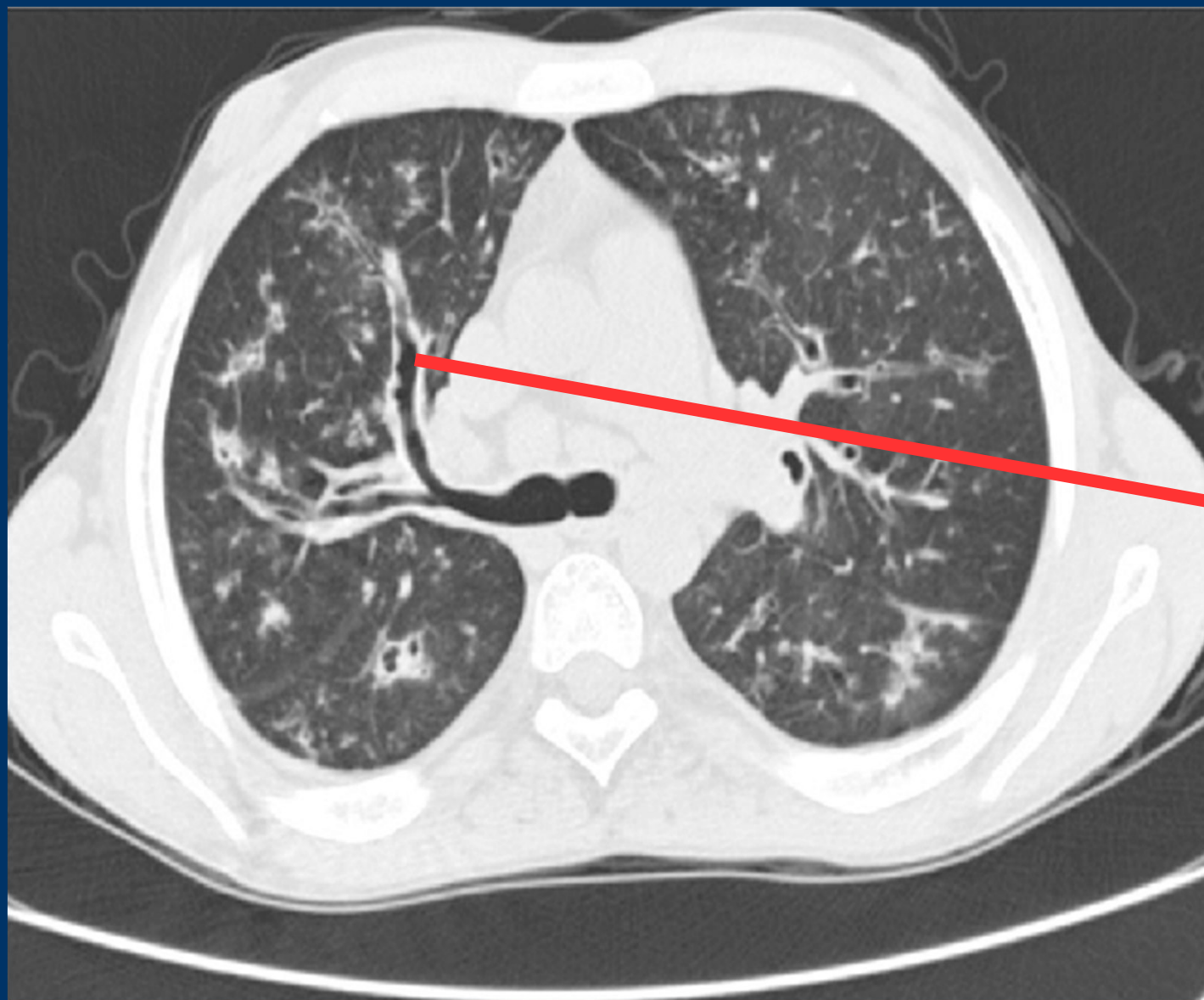
Sindrome clinica caratterizzata da tosse produttiva cron



Segno dell'anello con castone



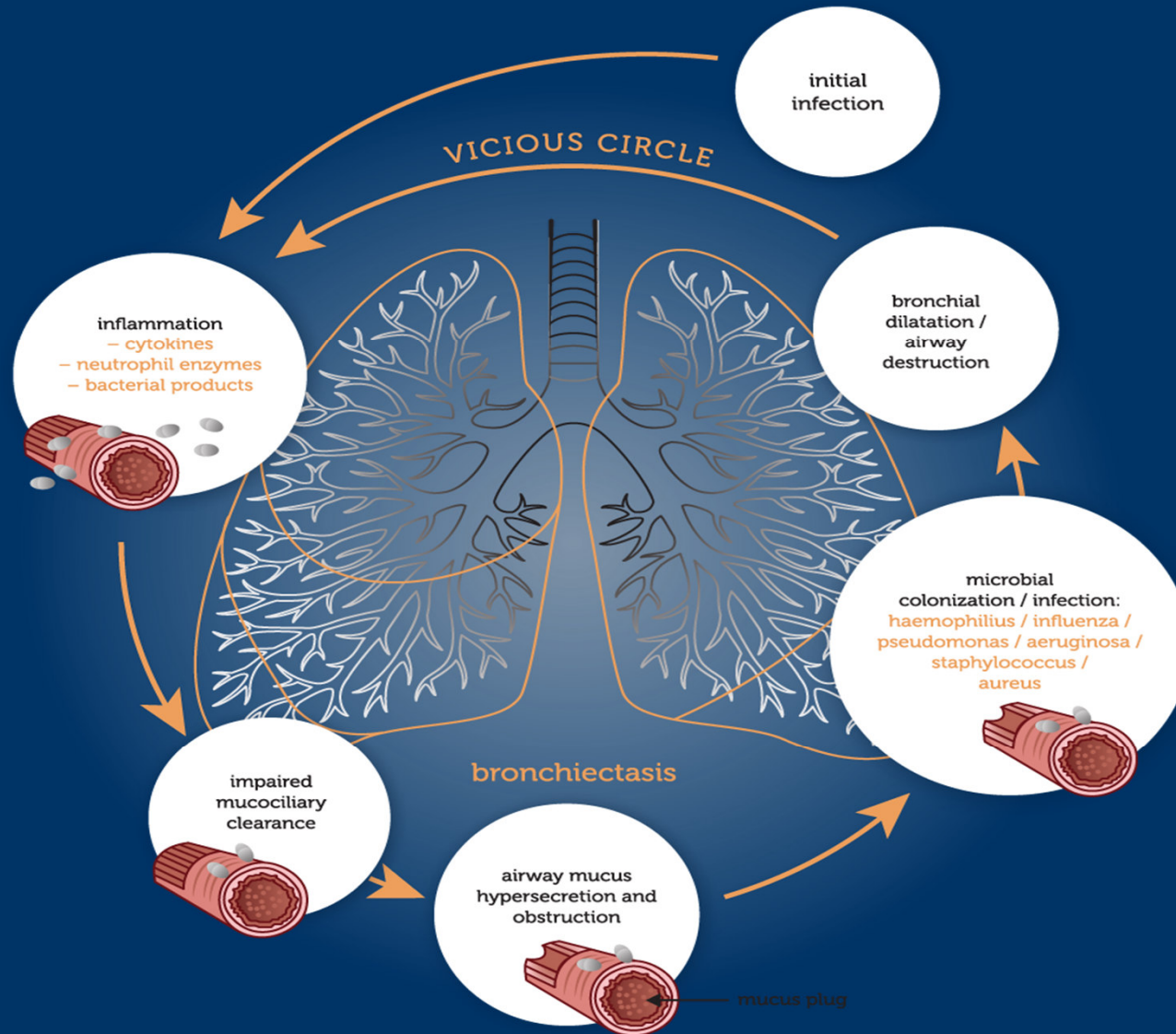
Segno del binario



Bronchiectasie

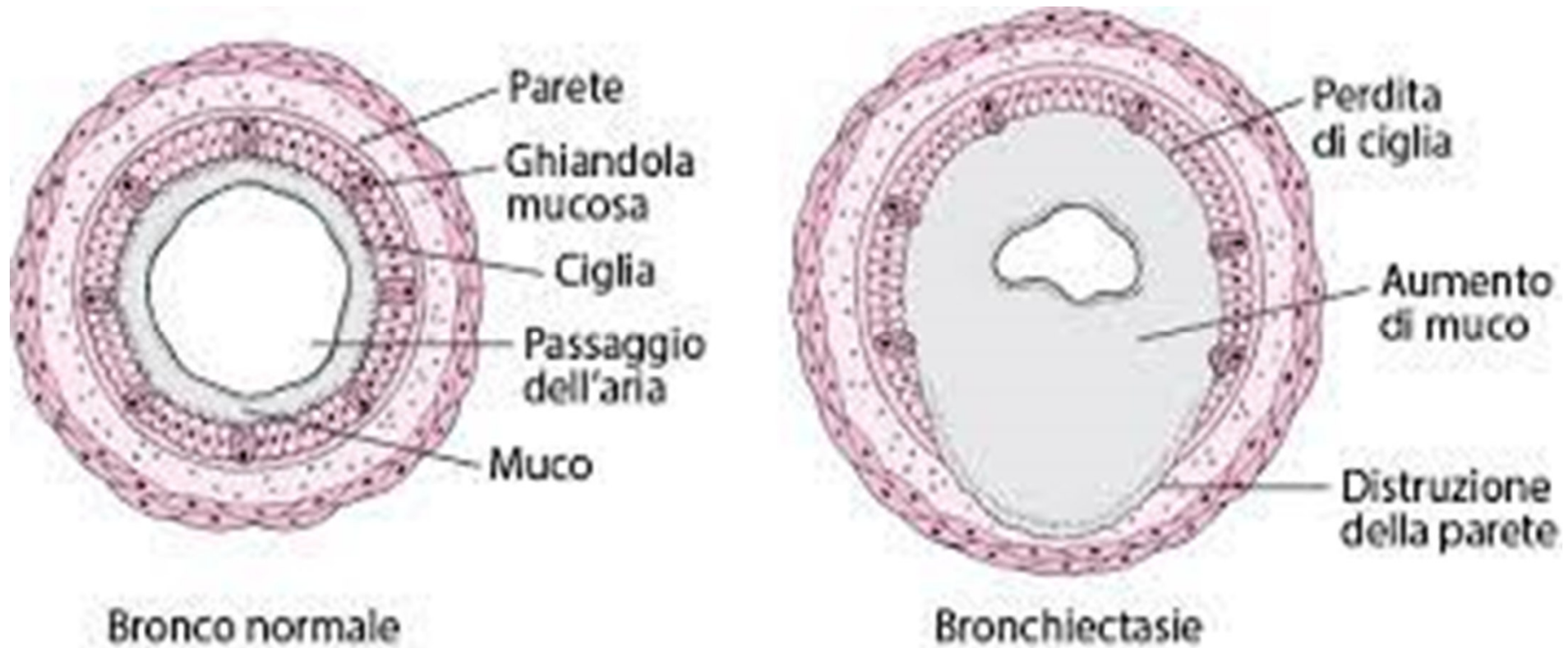
**tevole aumento nella incidenza e prevalenza delle bronchiec
gia in realtà si può manifestare sin dai primi anni di vita, pu**

Cause	Details or associated conditions
Post-infectious damage	Tuberculosis, whooping cough, non-tuberculous mycobacteria
Mechanical obstruction	Intrinsic (tumour or foreign body), extrinsic (lymph node)
Congenital	Defective bronchial wall, pulmonary sequestration
Inflammatory pneumonitis	Aspiration of gastric contents, inhalation of toxic gases
Excessive immune response	Allergic bronchopulmonary aspergillosis, lung transplant rejection, chronic graft versus host disease
Abnormal mucous clearance	Primary ciliary dyskinesia, cystic fibrosis, Young's syndrome
Fibrosis	Cryptogenic fibrosing alveolitis, sarcoidosis
Diffuse panbronchiolitis	Predominantly seen in Japanese patients
Deficient immune response	Hypogammaglobulinaemia, human immunodeficiency
Infertility	Cystic fibrosis, Young's syndrome, primary ciliary dyskinesia
Inflammatory bowel disease	Ulcerative colitis, Crohn's disease, coeliac disease
Connective tissue disease	Rheumatoid arthritis, systemic lupus erythematosus
Malignancy	Acute or chronic lymphatic leukaemia
Yellow nail syndrome	Discoloured nails, lymphoedema, pleural effusions
α 1 antiproteinase deficiency	More commonly causes emphysema
Mercury poisoning	May cause Young's syndrome

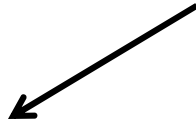


Inflammation: a two-edged sword--the model of bronchiectasis P J Cole

Bronchiectasie: patogenesi



Bronchiectasie: complicanze



LOCALI

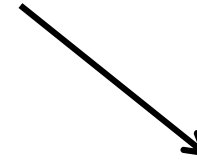
Emottisi (anche fatali)

Polmoniti ricorrenti

Ascesso polmonare

Pleuriti ed empiema

Ipertensione polmonare



GENERALI

Amiloidosi

Tossiemia

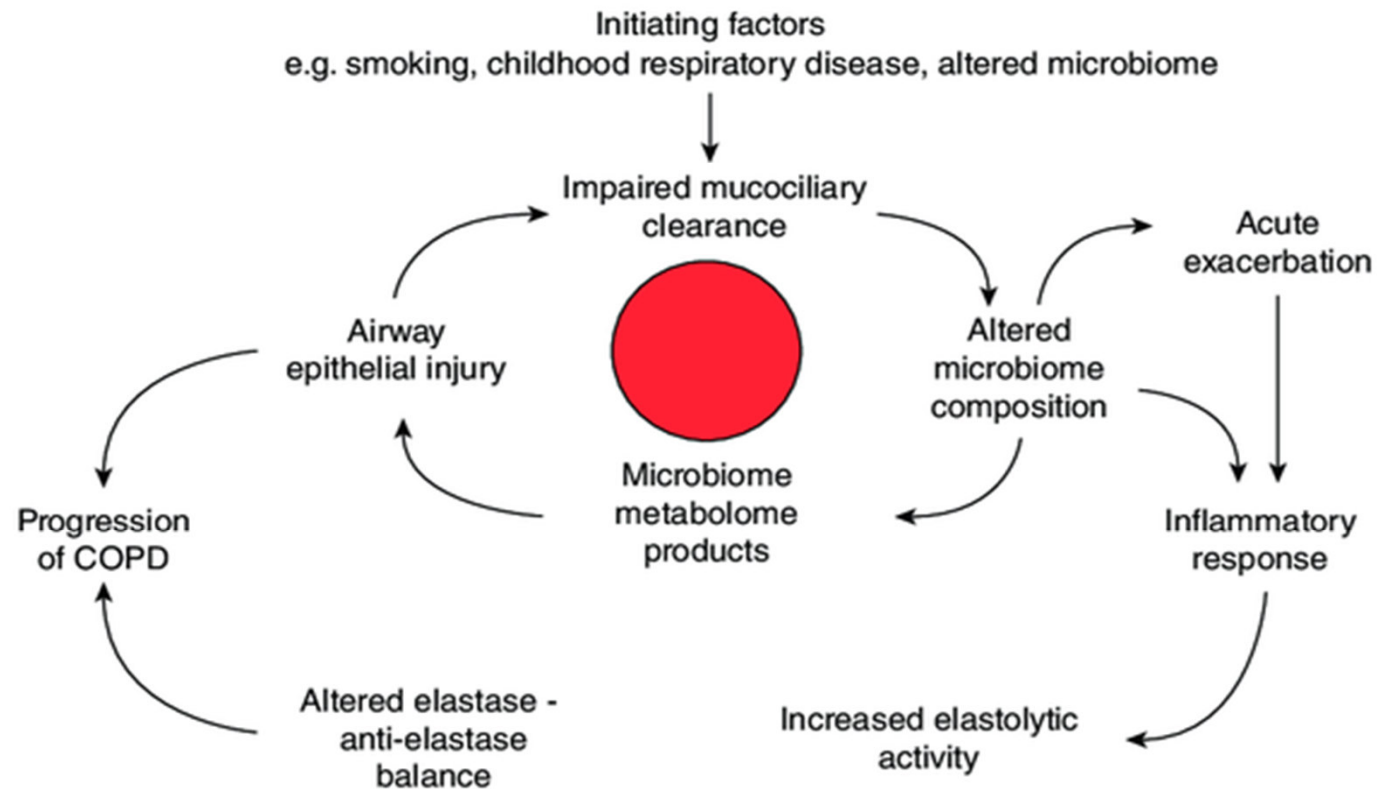
Setticemia

Shock settico

Ascessi cerebrali

BPCO

Vicious circle hypothesis revised



Manoj Mammen

University of Rochester Medical Center | URMC · Department of Medicine MD, MS

Ipersecrezione bronchiale e BPCO

nopatia cronica ostruttiva.

ua durata, maggiore è la perdita di FEV1, suggerendo cr

Allinson JP, Hardy R, Donaldson GC, Shaheen SO, Kuh D, Wedzicha JA. The presence of chronic mucus hypersecretion across adult life in relation to chronic obstructive pulmonary disease development. *Am J Respir Crit Care Med* 2016;193:662–672.