

# EXHALE ACADEMY CSE CHEAT SHEET #7

## EMPHYSEMA VS CHRONIC BRONCHITIS

### EMPHYSEMA

Think: air-trapping and alveolar wall destruction. Often described as the classic pink puffer pattern.

- Thin appearance, barrel chest, pursed-lip breathing.
- Severe dyspnea and accessory muscle use.
- Diminished breath sounds, prolonged expiration.
- Hyperresonance, hyperinflation, flattened diaphragms.
- DLCO often decreased.

### CHRONIC BRONCHITIS

Think: productive cough and mucus hypersecretion. Often described as the classic blue bloater pattern.

- Chronic productive cough.
- Cyanosis, stockier build, edema/JVD may appear.
- Rhonchi, crackles, wheezes.
- Chronic respiratory acidosis may be present.
- DLCO often normal compared with emphysema.

### BOTH ARE OBSTRUCTIVE

- FEV1/FVC is reduced.
- Airflow limitation is not fully reversible.
- Bronchodilators may still improve symptoms.
- COPD exacerbations can become critical care cases.

### EXAM CLUES

- Late, small sputum + hyperinflation -> emphysema.
- Early copious sputum + cyanosis -> chronic bronchitis.
- Barrel chest and pursed lips -> obstructive pattern.
- High RBC/Hb/Hct can reflect chronic hypoxemia.

### TREATMENT OVERLAP

- Controlled oxygen for hypoxemia.
- Short-acting bronchodilator for acute symptoms.
- Long-acting bronchodilator maintenance.
- Pulmonary rehab and smoking cessation.
- Escalate to NPPV/intubation if acute failure develops.

### EXHALE MEMORY LINE

**Emphysema = air destruction. Chronic bronchitis = mucus production. Both obstruct airflow.**