

Early detection and treatment of COPD  
can be made by smoking cessation clinic

-Symposium 2: Smoking and COPD-



Junji Morita MD, PhD  
Matsubara Hospital  
Kagawa, JAPAN

APACT 2013  
in  
Makuhari

Early detection and treatment of COPD  
can be made by smoking cessation clinic

-Symposium 2: Smoking and COPD-



Junji Morita MD, PhD  
Matsubara Hospital  
Kagawa, JAPAN

APACT 2013  
in  
Makuhari



only few patients will visit your clinic!

who can find these patients?

**YES WE CAN!**

we should find out subclinical COPD!





only few patients will visit your clinic!

who can find these patients?

**YES WE CAN!**

we should find out subclinical COPD!

JRS(Japanese Respiratory Society) declare  
that COPD is caused by mainly Tobacco  
smoke in 2009 by third COPD guideline!

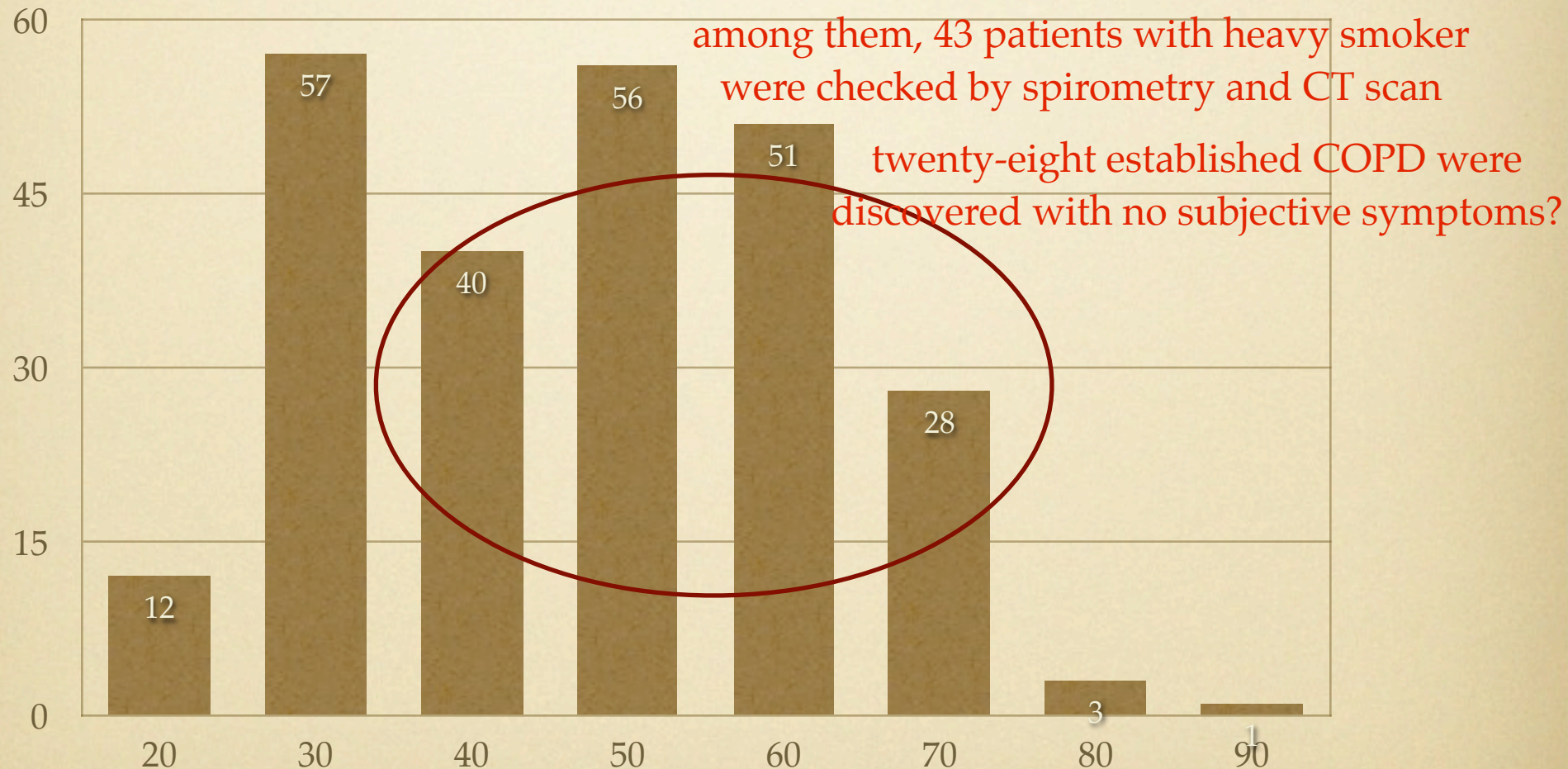
Isn't it too late!?

JRS(Japanese Respiratory Society) declare  
that COPD is caused by mainly Tobacco  
smoke in 2009 by third COPD guideline!

Isn't it too late!?



these 3 years' age distribution of new patients  
visited to our smoking cessation clinic  
total 248 cases



several cases will be presented



49 old male visited us to stop smoking August 2010 with no symptom?

success to stop smoking with Spiriva inhalation made him easy respiration during exertion



you can easily diagnose  
as emphysema with this  
x-ray

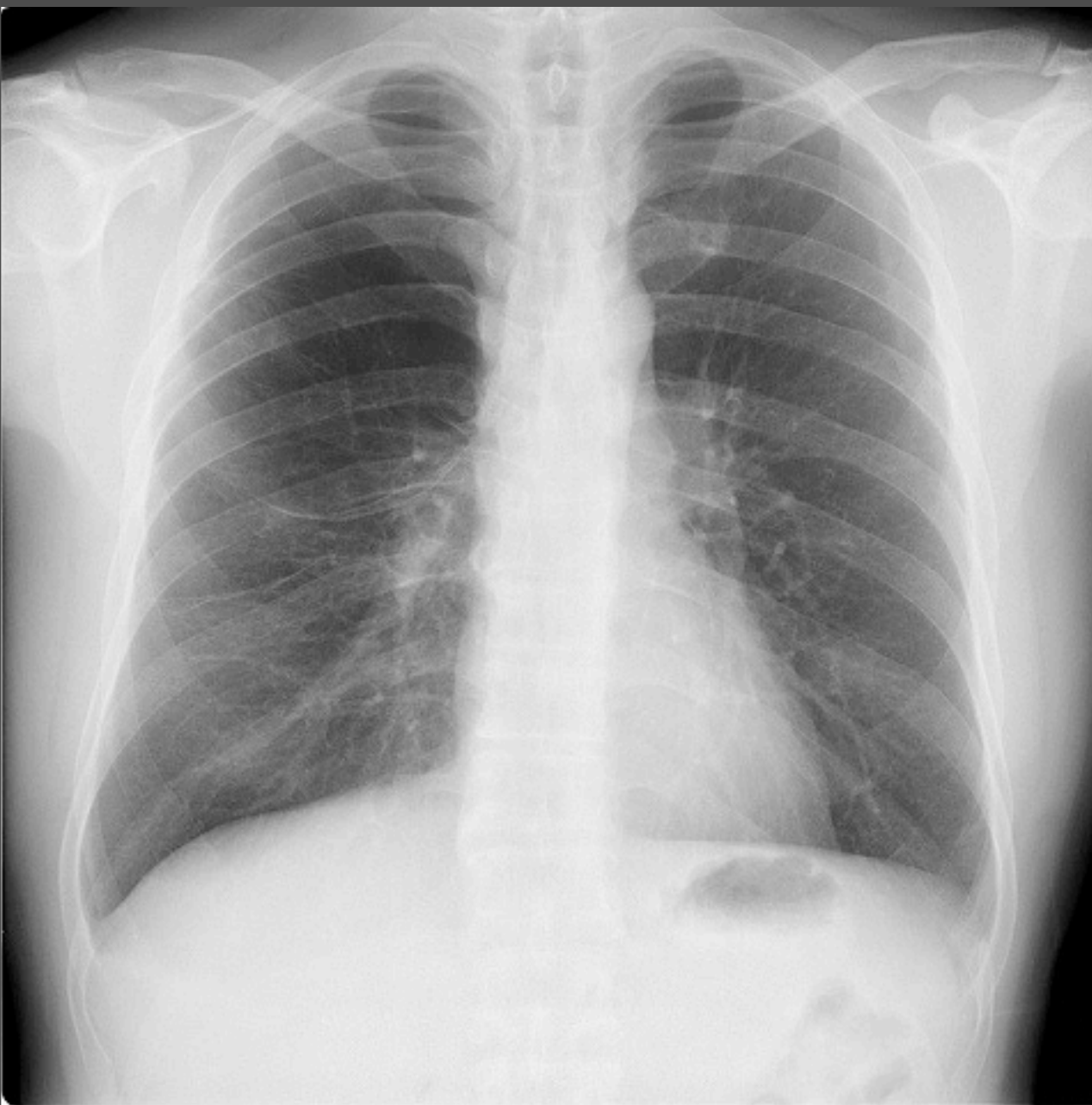
50 year old male visited us with  
hemoptysis

emergent endoscopy revealed  
duodenal ulcer

as he was a heavy smoker, CT  
scan was carried out

and emphysema was diagnosed





bullous lesion can be  
suspected at the right  
upper lung field

but how do you analyze  
other part of lung?

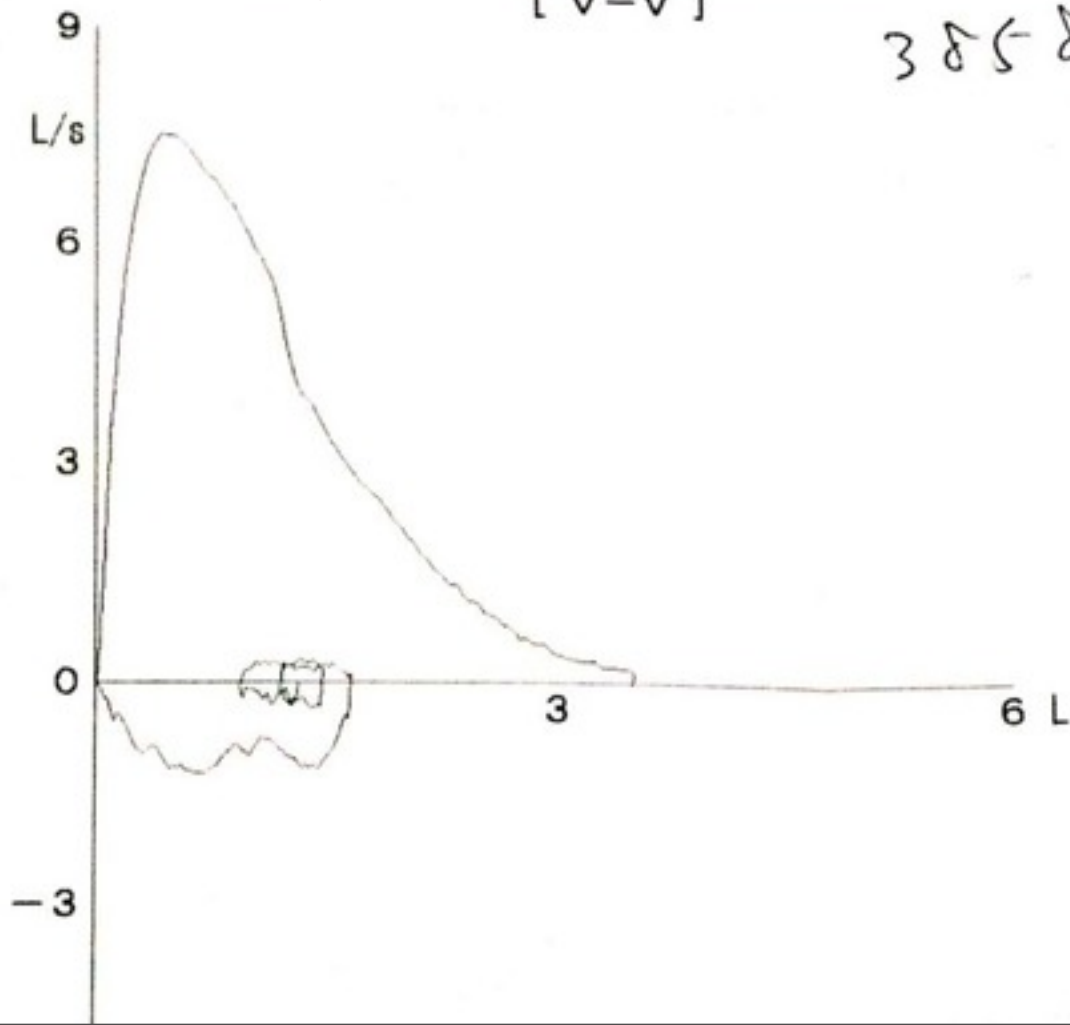
0 80 100 %FVC

[ COPDの病期分類 ]

FEV1 0% (G) 75 92 %  
%FEV1 0 77 2 %  
病期特徴 正常

[  $\dot{V}$ -V ]

38581



spirometry showed peripheral airway obstruction, but autoanalysis diagnosed as normal!

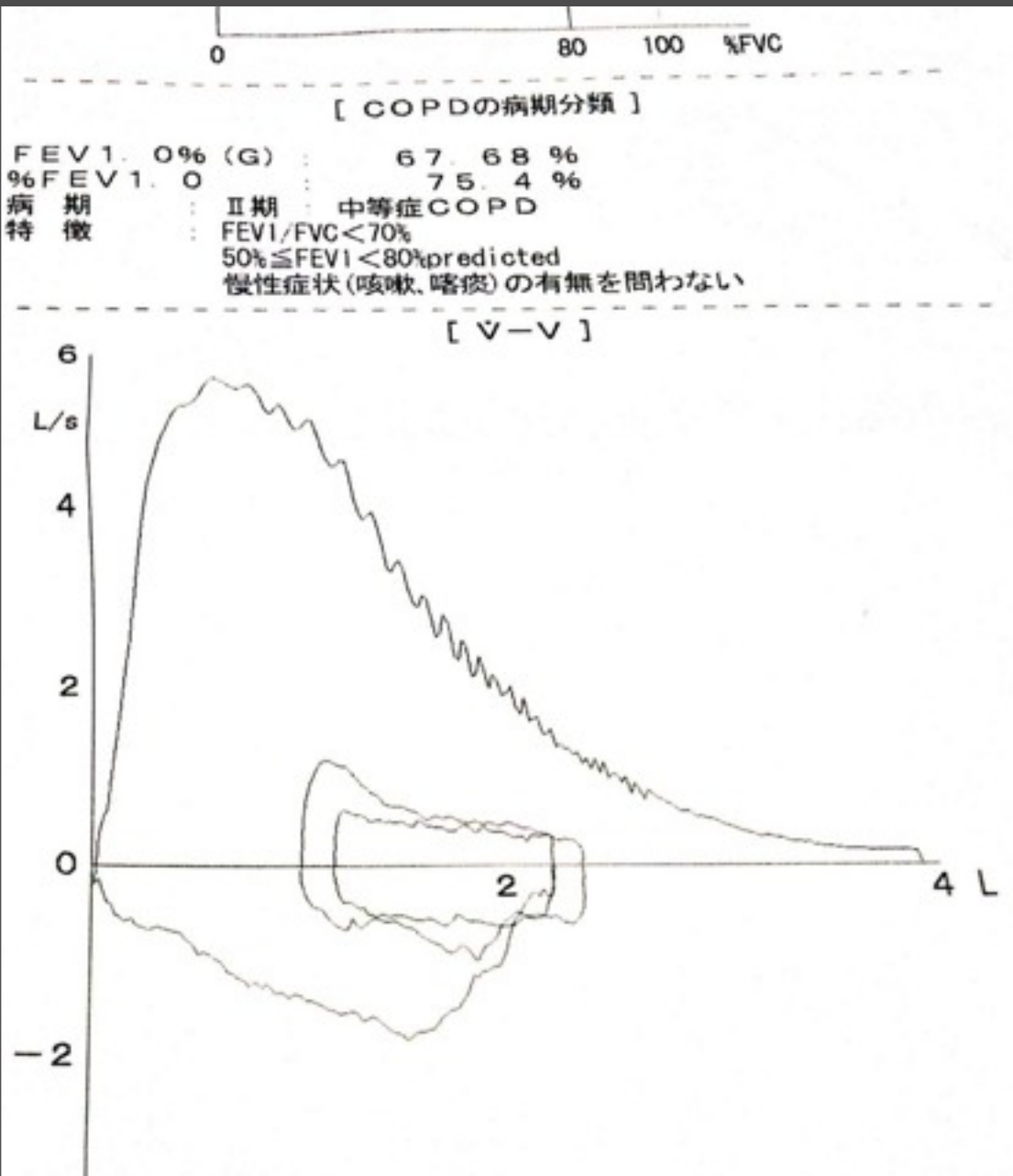
we must be familiar with flow volume pattern

49 year old male

he decided to stop smoking  
because of his age and rise up  
tobacco price

he had no subjective symptoms  
but his respiration suspected COPD

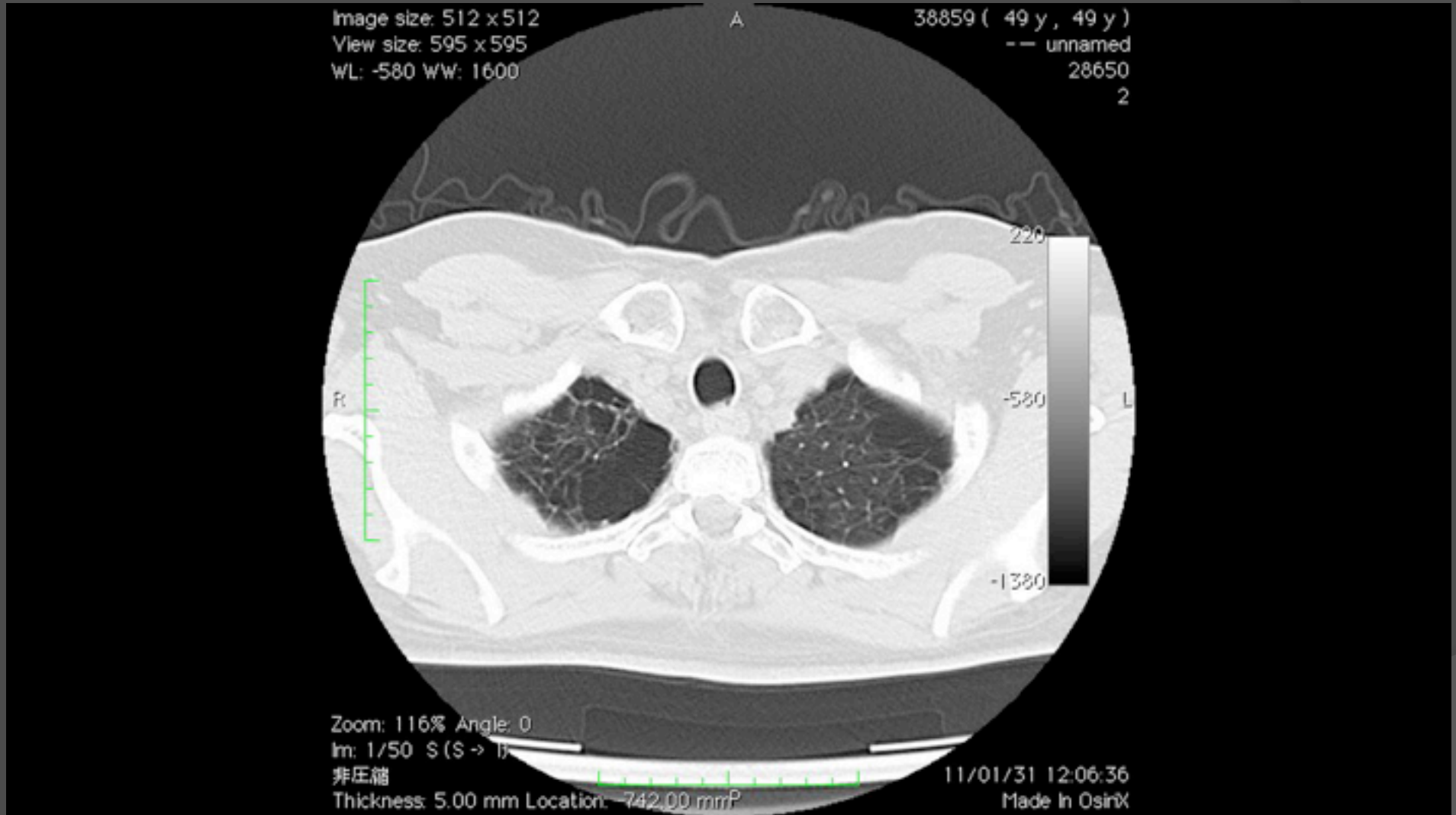




typical obstructive pattern of  
Flow Volume curve



**this chest X-ray gives  
us many informations  
but very difficult to  
analyze**



typical CPFE(combined pulmonary fibrosis with emphysema)  
which is difficult to diagnose by spirometry and/or chest Xray

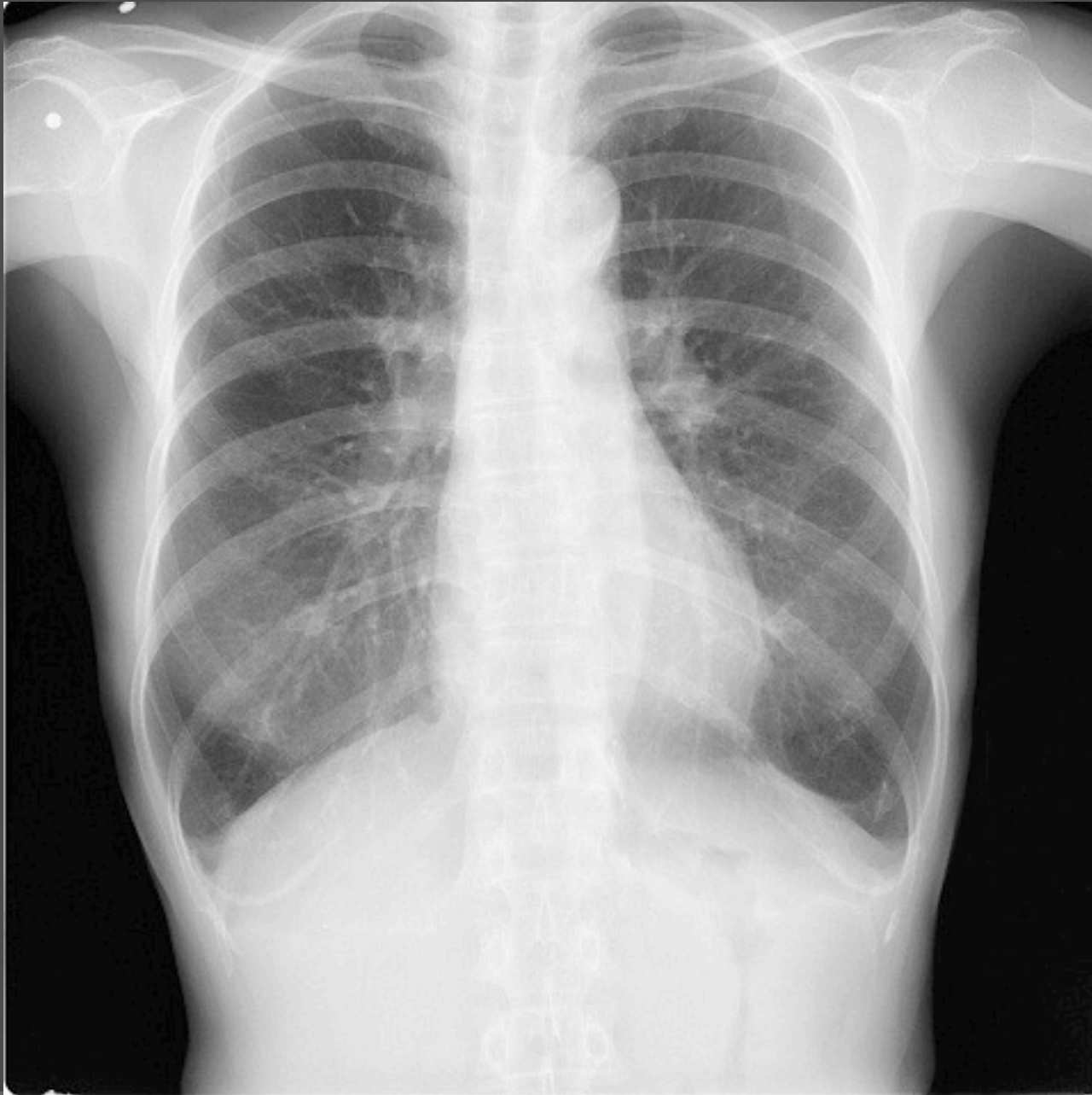


next case was 69 year old female

she visited us to stop smoking

used to be heavy smoker

had never thought she had respiratory disorder



typical COPD chest Xray



41 year old female  
visited us with strong  
dyspnea

she had diagnosed as  
asthma or hysteria

what kind of CT findings  
can you suspect from  
this X-ray?

heavy smoker with BI  
40×25



we should emphasize another issue...

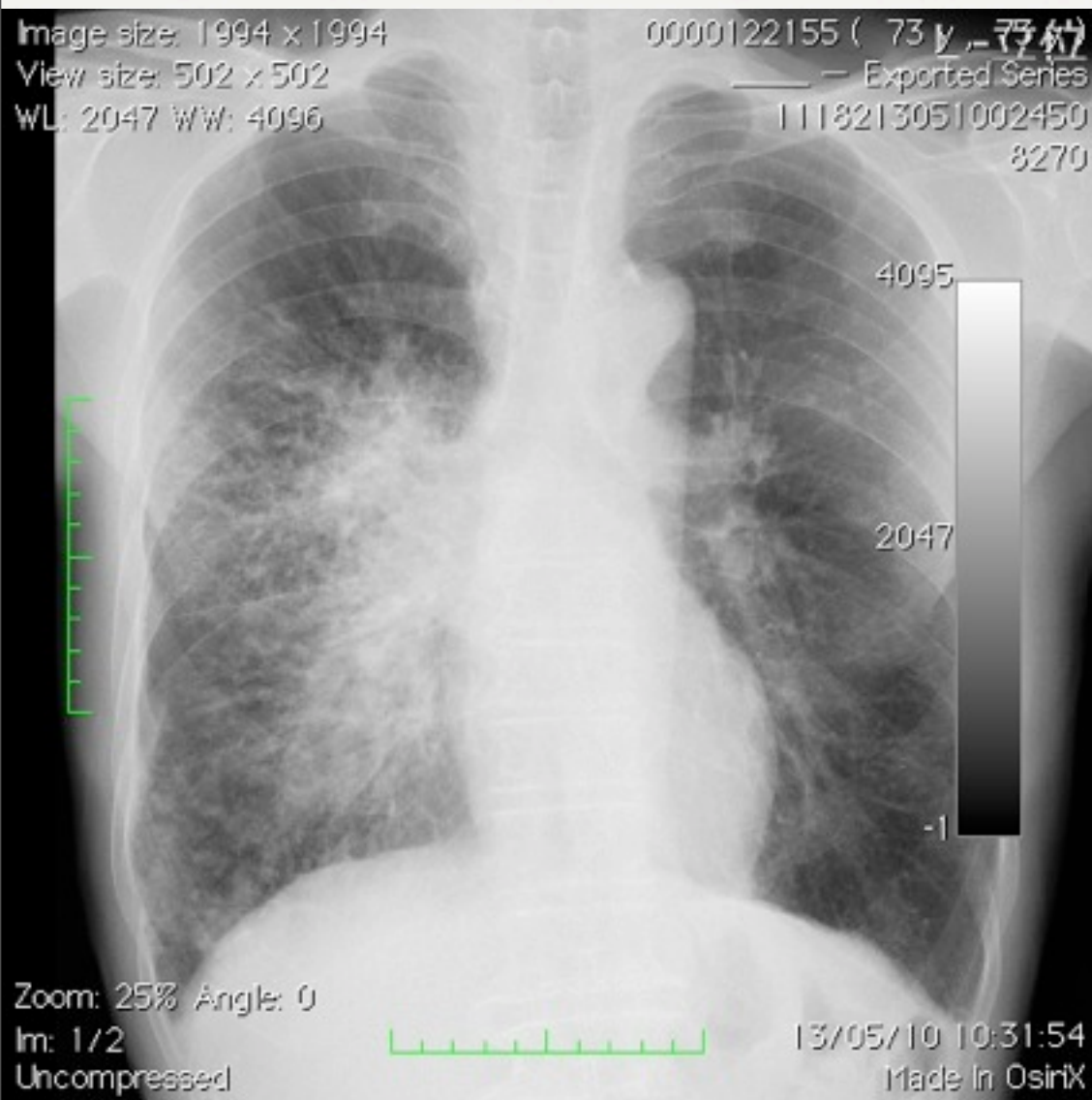
COPD may easily cause malignancy

within 2months we found out several malignancy among COPD cases



*sixty five male, heavy smoker*

*if we could have diagnosed this COPD earlier and made careful follow-up, we could avoid this tragedy!*

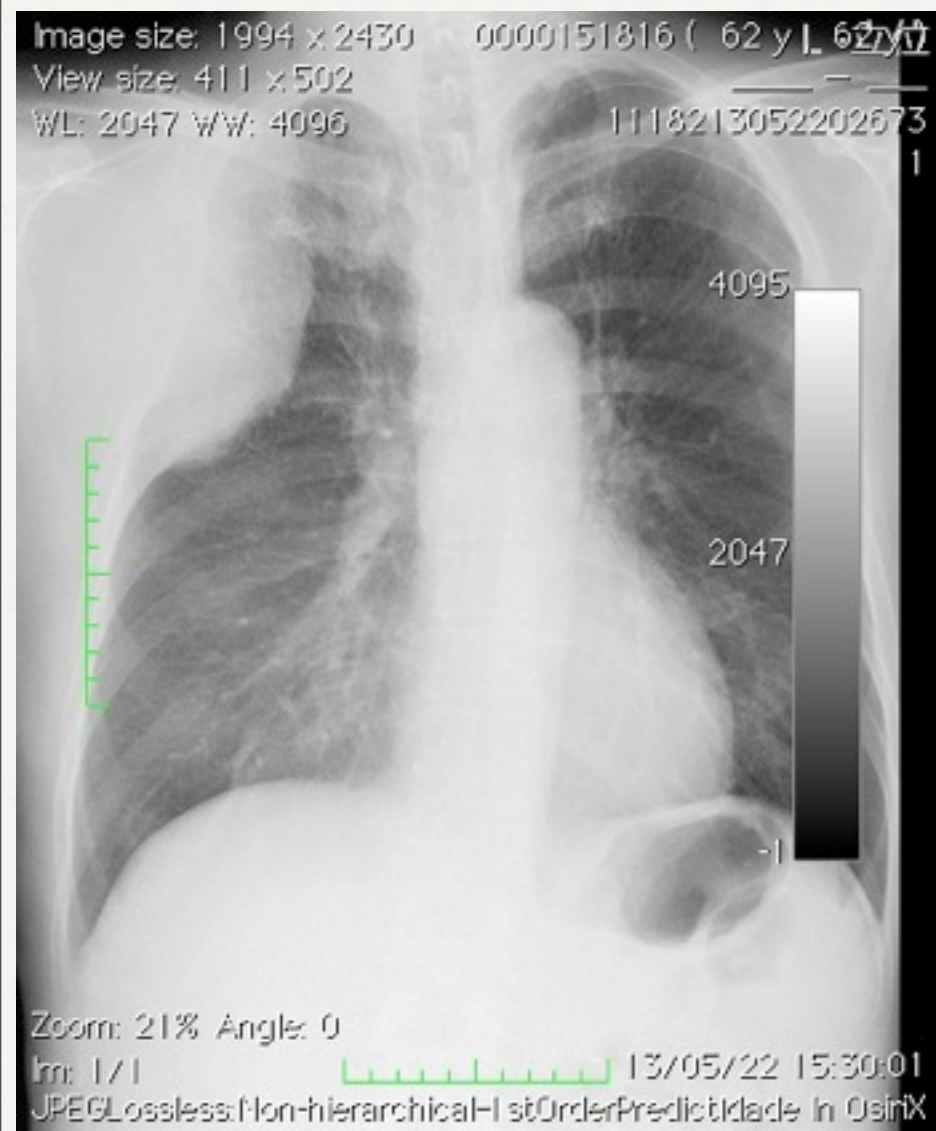


*this case visited us with DOE and cough attack*

*he said “I cannot smoke anymore these few months”.*

*no fever but with various intense shadow on right lung hilum*

*what kind of disease do you imagine?*



*sixty two male with no intention to stop smoking*

*visited us complaining right side chest pain*



WL: 182 WW: 297

S

A



R

L

I

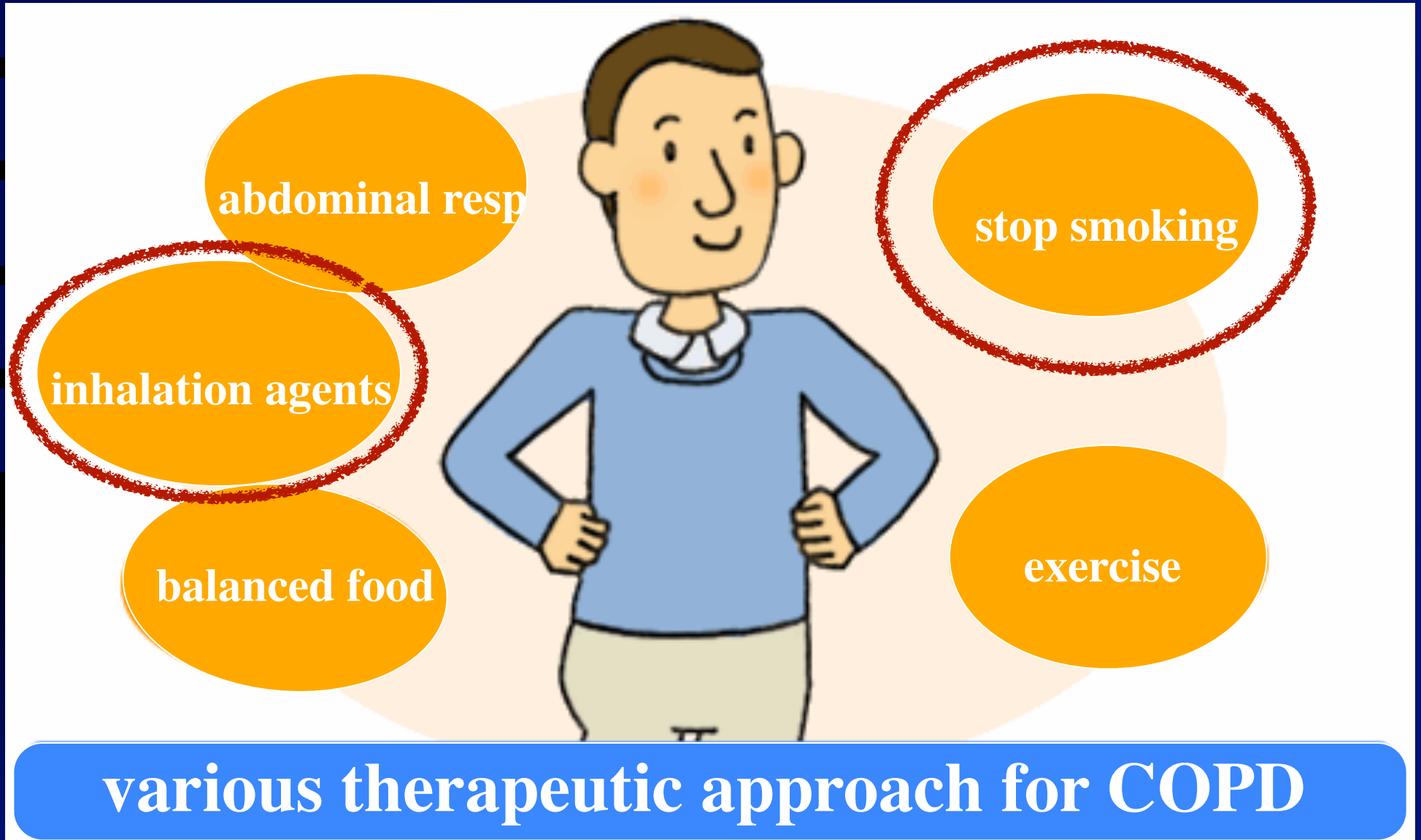
S: 0.0  
L: 0.0  
O: 0.0  
OSIRIX

*this tragedy might be also avoided if he had diagnosed as COPD earlier*

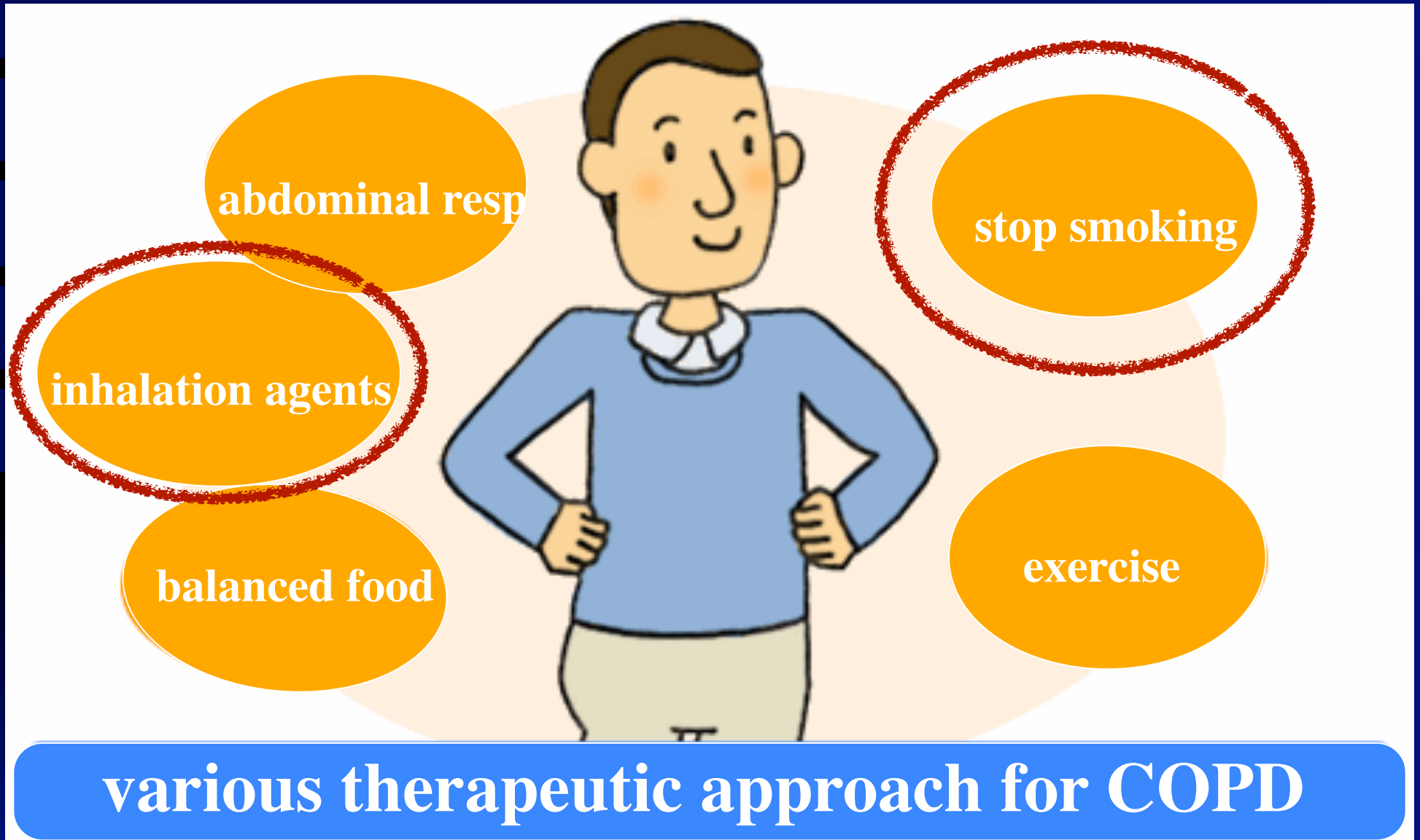
*show you chest wall invasion by 3D image*

*histological diagnosis was poorly differentiated squamous cell carcinoma*

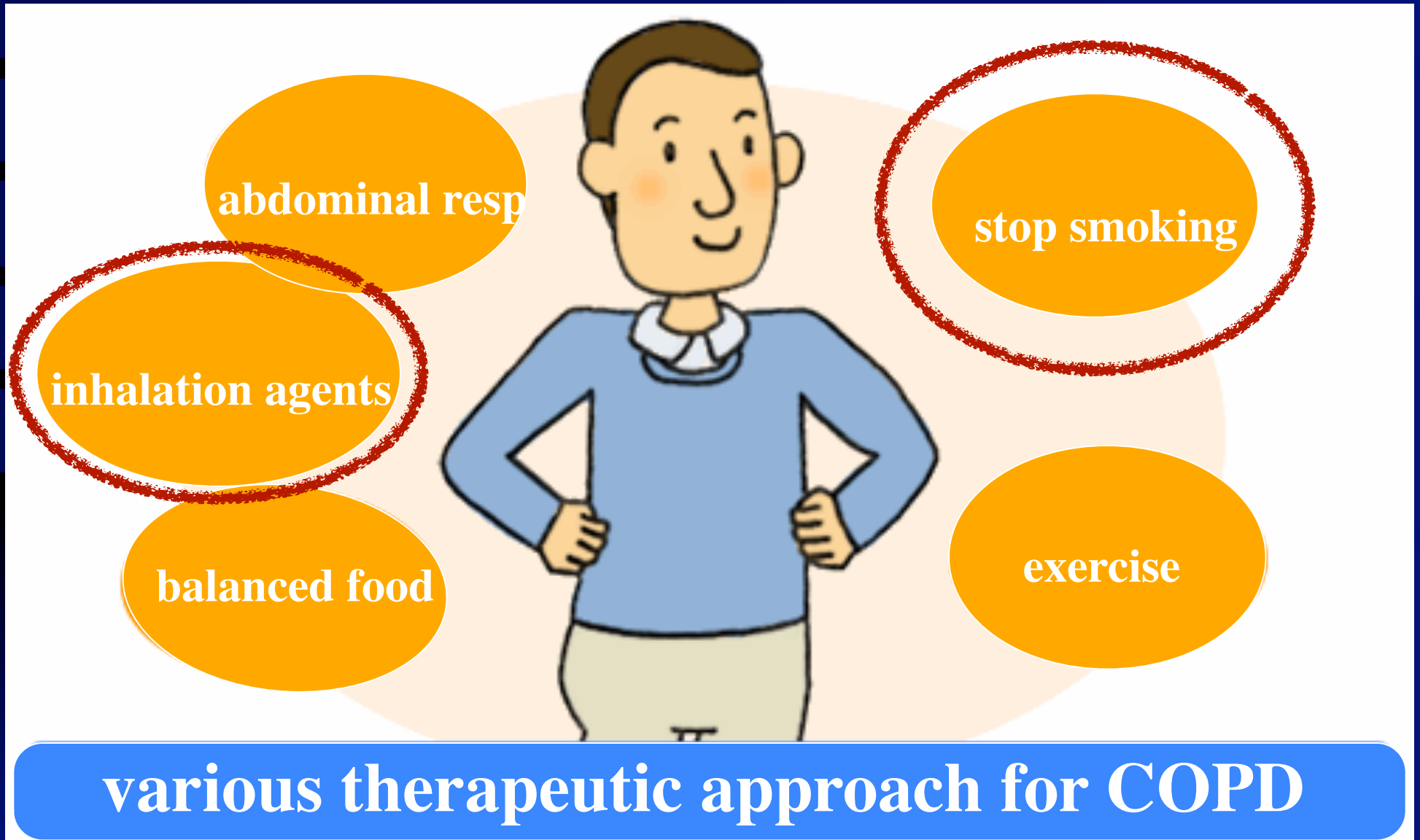
# COPD therapy should begin earlier and multifocally !



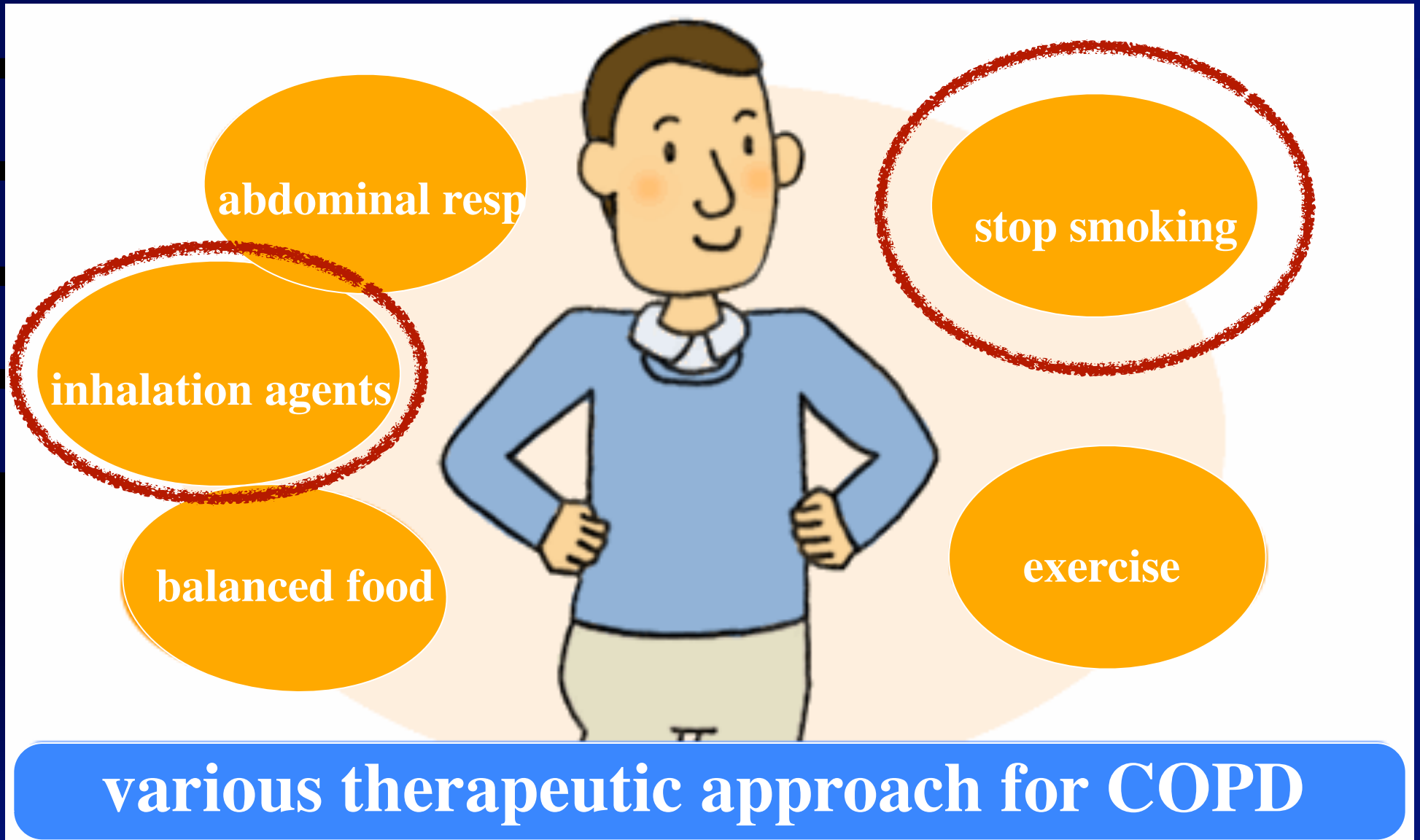
# COPD therapy should begin earlier and multifocally !



# COPD therapy should begin earlier and multifocally !



# COPD therapy should begin earlier and multifocally !





# standard inhalation therapy for COPD

LAMA

spiriva

LABA

onbrez

inhalation steroid + LABA

symbicort and adovair

from when should we start treatment?

what kind of diseases do you see in your clinic?

hypertension

osteoporosis

diabetes melitus

arrythmia

hyperlipidemia

myocardial infarction

peptic ulcer

hepatic discrder

asthma

etc, etc, etc

malignancy

what kind of diseases do you see in your clinic?

hypertension

osteoporosis

diabetes melitus

arrythmia

hyperlipidemia

myocardial infarction

peptic ulcer

hepatic disorder

asthma

etc, etc, etc

malignancy



# management for creeping up COPD era as conclusion

- smoking cessation clinic is the gate of early diagnosis and treatment for COPD
- check spirometry over 400 BI smokers
- if you find out obstructive pattern with FV curve, check CT scan
- once emphysematous change can be seen on CT scan, you should explain COPD is gradual progressive disease with understandable images
- enlightening early diagnosis of COPD will lead to early treatment

# COPD treatment

- who can do this ? every doctor should do!  
at least just say stop smoking!
- from when ?  
of course from just now!  
今でしょう！



# COPD treatment

- who can do this ? every doctor should do!  
at least just say stop smoking!
- from when ?  
of course from just now!  
今でしよう !

let us eradicate COPD sooner!  
with smoking cessation clinic!

