

THE RADIOLOGIC FEATURES OF EARLY, UNCOMPLICATED CHRONIC BRONCHITIS

Earle B. Weiss, M.D.  
Assistant Professor of Medicine  
Tufts University School of Medicine  
Research Associate  
Lung Station (Tufts)  
Boston City Hospital  
Associate Director  
Tufts Medical Service  
Boston City Hospital  
Boston, Massachusetts 02118

Mauricio J. Dulfano, M.D.  
Chief, Emphysema Unit  
V. A. Hospital  
Brooklyn, New York  
Assistant Clinical Professor of Medicine  
Downstate Medical Center  
New York, New York

Sanford Chodosh, M.D.  
Assistant Professor of Medicine  
Tufts University School of Medicine  
Research Associate  
Lung Station (Tufts)  
Boston City Hospital  
Boston, Massachusetts 02118

John Blickman, M.D.  
Professor of Radiology  
Groningen, Holland

Myron Stein, M.D.  
Professor of Medical Science  
Brown University  
Physician-in-Chief  
The Memorial Hospital  
Pawtucket, Rhode Island

The posteroanterior (P-A) chest x-ray was examined in chronic bronchitis for diagnostic radiographic patterns.

Ninety-one patients from a survey program were defined as chronic bronchitis (CB) (n=47), normal (n=36) or CB and chronic pulmonary emphysema (CPE) (n=8), based upon history, physical, quantitative sputum and pulmonary functions. Only adequate standard inspiratory P-A chest x-rays were selected, coded, and read single blind, employing these features: (A) Bronchial wall: (1) Tubular radiolucencies limited by parallel lines or unilateral arterial markings, (2) Irregular luminal or intraluminal densities, (3) "Wall" > intraluminal width. (B)

-2-

THE RADIOLOGIC FEATURES OF EARLY, UNCOMPLICATED CHRONIC BRONCHITIS

Vascular: (1) Distortion of clear contour by irregular haziness or radiolucencies, or of architecture by distribution, crowding, size, angulations and taperings, (2) Right descending pulmonary artery width. (C) Secondary parenchymal: fibrotic nodules, honey-combing, patchy consolidations and reticulations. (D) Others: hyperlucency  $\pm$  bullae, pleural, cardiac, and thoracic cage changes. Observations were graded as mild (1+) to severe (4+). The radiological diagnosis of CB by features of A and/or B was then correlated with the clinical diagnosis.

Results: (Table I). In 47 clinical CB patients, there was x-ray agreement in 57%, but 25.5% were read as normal. Among those clinically normal, 50% of the x-rays concurred while 41% were interpreted as CB. Age and coexisting medical factors were of similar frequency in both groups and could not account for the false positive observations. The CB and CPE group, although suggestive, is inadequate for interpretation.

Thus, in selected cases of chronic bronchitis 57% exhibited the radiological findings outlined, these features overread on normal x-rays limit their diagnostic usefulness. It should be stressed that these CB patients were graded as mild to moderate disease (mean clinical severity = 1.2); furthermore, selected radiographic features may be more specific.

THE RADIOLOGIC FEATURES OF EARLY, UNCOMPLICATED CHRONIC BRONCHITISTABLE I

CORRELATION BETWEEN CLINICAL DIAGNOSES AND P-A CHEST X-RAY INTERPRETATION\*

<u>X-RAY DIAGNOSIS</u>	CLINICAL DIAGNOSIS					
	CHRONIC BRONCHITIS		NORMAL		CB and CPE	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Chronic Bronchitis (CB)	27	57.4	15	41	3	37.5
CB and Chronic Pulmonary Emphysema (CPE)	4	8.5	2	6	3	37.5
Normal	12	25.5	18	50	1	12.5
Bronchial Asthma	1	2.2	1	3	0	
CPE	3	6.4	0	0	1	12.5
CB and Bronchial Asthma	<u>0</u>	0	<u>0</u>	0	<u>0</u>	
TOTAL	47		36		8	

\* % values indicate incidence of x-ray interpretation within the designated clinical group

N Number of patients