

Pneumonia is a condition where the gas exchange area of the lung is infected. Pneumonia may be caused by many bacteria and/or viral or atypical infections such as mycoplasma, legionnaire or chlamydia pneumophila. Influenza A and B also cause pneumonia.

Pneumonia may occur in healthy adults and have a very acute onset. Patients may be well and then suddenly deteriorate, presenting with high temperature, chest pain and frequently coughing up blood. This type of pneumonia is referred to as "typical pneumonia" and is usually caused by bacteria. The pneumococcus (*streptococcus pneumoniae*) is the agent which typically presents in this manner and is the most common organism causing pneumonia in adults. Pneumonia may also occur in patients who have smoker's induced lung disease (chronic obstructive airway disease) or asthma and may follow colds, flu-like illnesses or exacerbations (deteriorations) in their asthma or airway disease. Atypical pneumonias present in a slightly different fashion. They start usually as a sore throat and are typical of other respiratory infections. Later a dry cough develops. A few days later the cough may become productive and then of course the sufferer may become extremely short of breath, develop chest pain and increasing respiratory distress. Headache and gastrointestinal symptoms together with muscle aches and pains, may accompany these symptoms. This is referred to as "atypical pneumonia".

Patients who have underlying lung disease such as pulmonary fibrosis (asbestosis) are more prone to infection and pneumonia when they develop colds or flu-like illnesses. The illness may present with increasing shortness of breath and many of the symptoms described above. Because the lung is compromised (affected) by the pulmonary fibrosis (scarring), the illness may be more difficult to treat and require longer courses of antibiotics. Hospitalisation is frequently necessary. Readers who suffer from pulmonary fibrosis or asbestosis or underlying lung disease are always advised not to take common colds and upper respiratory infections for granted. They should see their doctors to determine whether or not lung infection or pneumonia is present. Sometimes it can be difficult to diagnose, particularly because the noises in the chest (crackles) that are present in patients with asbestosis, may be difficult to ascertain from crackles that may be caused by pneumonia. If there is any doubt your doctor will undoubtedly perform a chest x-ray. Readers are advised that a healthy person may take six weeks to fully recover from pneumonia and in those who suffer from pulmonary fibrosis (asbestosis) the recovery period may be a great deal longer and require longer treatment with antibiotics.

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