



# THE POSSIBILITIES OF USING DIGITAL RADIOGRAPHY IN THE DIAGNOSIS OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

## Jumaeva M. M. Akhmadova M. A.

Bukhara State Medical Institute Bukhara branch of the Republican Scientific Center of Emergency Medical Care

**Annotation:** COPD is a common, preventable and treatable chronic lung disease that affects both men and women around the world. Chronic obstructive pulmonary disease (COPD) is an independent disease characterized by a partially irreversible restriction of the passage of air flow in the respiratory tract, which, as a rule, is steadily progressive and provoked by an abnormal inflammatory reaction of lung tissue to irritation by various pathogenic particles and gases. The results of clinical observations of these patients are presented. The possibilities of methods of radiation diagnostics in this category of patients are considered and shown. Early diagnosis of chronic obstructive pulmonary disease (COPD) has a significant impact on the subsequent development of the disease, since the subsequent development of COPD leads to a steady progression of the disease. The article illustrates a variability of the pathological process and its complications in the presence of a single or multiple foreign bodies. Timely diagnostics of chronic obstructive pulmonary disease (COPD) has a significant effect on its course as each subsequent COPD exacerbation inexorably leads to disease progression. The goal of the research was to determine the efficacy of digital radiography in terms of COPD diagnostics. Results of clinic and diagnostic and beam research of 250 patients (140 males and 110 females aged 32 to 70 with the average age of  $48.5 \pm 7.2$  years) with COPD of various severity. Radiographic images were assessed using six main attributes by three expert radiologists. The sensitivity, specificity, and accuracy of the methods compared were determined. Digital radiography may act as a standalone tool for early detection of COPD of various severity.

Keywords: COPD, digital radiography.

**Introduction.** COPD (chronic obstructive pulmonary disease) is a disease characterized by an incompletely reversible restriction of airflow. This limitation usually progresses and is associated with a pathological reaction of the lungs to harmful particles and gases. Chronic obstructive pulmonary disease (COPD) is one of the most important problems of modern health care worldwide. Its prevalence is constantly growing. COPD ranks 4th in terms of mortality and is the only disease whose mortality rate continues to increase. [1-3].

Timely visualization of lung diseases is impossible without the use of ionizing radiation sources, but their undoubted diagnostic effectiveness is inextricably linked with the adverse effects on a living organism [4]. First of all, this applies to X-ray radiation used in medical diagnostics, which is the most significant source of exposure to ionizing radiation on the population [5].

The preferred method for the initial examination of patients with COPD is standard chest X-ray in the anterior straight and right lateral projections with the vertical position of the patient. Digital lung radiography has become increasingly widespread in recent years. Its advantage is the standard high image quality, which does not depend on the features of the photochemical film wrapping. Digital images have a much wider dynamic range, allowing simultaneous analysis of both lung tissue and dense mediastinal structures. Such images can be additionally processed using mathematical programs,

which in some cases allows us to identify new symptoms [6]. In the presence of clinical indications or questionable results of radiography, computed tomography of the lungs can be performed [7-9].

**The purpose of the study.** The effectiveness of the digital radiography method in patients with COPD of varying severity has been studied.

**Materials and methods.** The materials are collected from the medical history of patients of the therapeutic department of the Bukhara branch of the Republican Scientific Center for Emergency Medical Care (BB RSCEMC) with a diagnosis of COPD with varying degrees, static treatments and the criterion of reliability of the difference in indicators.

To evaluate the effectiveness of digital chest radiography in the diagnosis of chronic obstructive pulmonary disease, we examined 250 patients (140 men and 110 women aged 32 to 70 years, average age —  $48.5 \pm 7.2$  years) with a clinically verified diagnosis of chronic obstructive pulmonary disease. Taking into account the low values of the radiation load during the study on a radiographic apparatus with a digital set-top box, a standard radiographic examination was carried out in parallel to all the subjects. High-resolution computed tomography was used as a reference method.

The obtained digital X-ray images and traditional chest radiographs in patients with COPD of varying severity were evaluated according to four main signs: 1) vascular pattern intensity (intensified, accentuated or deformed); 2) bronchial wall thickening (tram tracks); 3) the state of the pulmonary fields (emphysema); 4) changes in the roots of the lungs (compaction, deformation). The images were evaluated independently by three expert radiologists, followed by determination of the sensitivity, specificity and accuracy of the compared methods.

**Results and discussion.** Based on the data obtained, a comparative assessment of the diagnostic effectiveness of traditional screen-film radiography and digital radiography was carried out for each feature separately and in combination. The sensitivity, specificity and accuracy of the methods were evaluated (Table 1).

Padiological symptoms of COPD	Film-screen radiography			Digital radiography		
	Sensitivity	Specificity	Accuracy	Sensitivity	Specificity	Accuracy
Increase in	0.88	1.0	0.99	1.0	1.0	1.0
pulmonary field						
translucency						
Intensification and	0.72	1.0	0.99	0.99	1.0	1.0
deformation						
pulmonary pattern						
Tram tracks	1.0	1.0	0.99	1.0	1.0	1.0
symptom						
Changes in	1.0	1.0	0.99	1.0	1.0	1.0
pulmonary roots						

Table 1. Determination of the diagnostic effectiveness of screen-film and digital radiography in<br/>patients with COPD (%)

As follows from Table 1, on average, with the equally high specificity of both methods, the sensitivity of digital radiography was higher by 14% compared to traditional radiography (p < 0.05).

Thus, the method of digital chest radiography can be used instead of traditional screen-film radiography for early diagnosis of chronic obstructive disease lungs, as it has a higher sensitivity and less radiation load on the patient.

The results obtained can be explained by the fact that digital radiography has a higher resolution, a wide dynamic range, as well as the possibility of a detailed quantitative assessment of the state of the

pulmonary parenchyma in patients with chronic obstructive pulmonary disease, which is consistent with the literature data on the advantages of digital radiological systems [3].

**Conclusion.** A comparative analysis of the effectiveness of digital radiography and traditional screenfilm radiography in the diagnosis of chronic obstructive pulmonary disease of varying severity showed that with equally high specificity of methods, the sensitivity of digital radiography was 14% (p < 0.05) higher compared to traditional radiography, which was confirmed by high-resolution computed tomography data.

Thus, digital radiography can serve as an independent tool for early diagnosis of chronic obstructive pulmonary disease with a reduction in the dose load on the patient.

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