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Chest ultrasound for the Nephrologists - Moataz Fatthy Abdelnaeem- Cairo University

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Introduction of this modality for nephrologists will help them examine patients in better reliable way as ultrasound machines are available and new technologies of mobile ultrasound will be installed in near future and will be available for every physician and it may a part of clinical examination not such an investigation ordered by the clinician. The scope of lung ultrasound (LUS) in emergency and critical care settings has been studied extensively. LUS is easily available at bedside, free of radiation hazard and real time. All these features make it useful in reducing need of bedside X-rays and CT scan of chest. LUS has been proven to be superior to the bedside chest X-ray and equal to chest CT in diagnosing many pleural and lung pathologies. The first International Consensus Conference on Lung Ultrasound (ICC-LUS) has given recommendations for unified approach and language in major six areas of LUS. The LUS diagnosis is to be given after integration of findings of both lungs. The pulmonary study represents a constant appointment for Nephrologist who frequently asks for a chest-x-ray in the nephrologic patient, especially in dialysis therapy. The chest x-ray and the Computed Tomography are normally used in pulmonary study, but they are not always rapidly executable and not practicable in the ambulatory and in dialysis room. The ultrasonography has recently been proposed for the study of the lung because it can be carried out rapidly in every nephro-dialytic room, also in frequent follow-up and it doesn't need particular equipment and probes. In this paper we present the fundamental notions of the management of a correct pulmonary ultrasonography examination and some of the most common pathological pictures (pleural effusion, interstitial and alveolar syndrome, pneumothorax, etc.).