

## Chronic Obstructive Pulmonary Disease

Alarico Ariani\*

Department of Medical Sciences Rheumatologist, Azienda Ospedaliero Universitaria Parma, Unit of Internal Medicine and Rheumatology, Italy

\*Corresponding author: Alarico Ariani, Department of Medical Sciences Rheumatologist, Azienda Ospedaliero Universitaria Parma, Unit of Internal Medicine and Rheumatology, Italy, Email: n.ughi@reumatologia.it

Received date: July 02, 2021; Accepted date: October 09, 2021; Published date: October 19, 2021

Citation: Ariani A (2021) Chronic Obstructive Pulmonary Disease. J Lung Vol: 2 No:4

### Editorial Note

I am pleased to announce the Journal of lung, a rapid peer-reviewed journal, which offers researchers and scientists the opportunity to explore and publish the fundamental, advanced and recent scientific developments in the field of lung. The Journal of lung is highly useful to asthma and lung cancer, medical students and a resource for clinical practice, as it clearly describes the essential scientific information on asthma, lung disease assessment as well as reproductive health study related to diseases. This journal also covers the entire study on asthma, mesothelioma, and lung cancer as well as applied research on lung disease education. The Journals tend to prosper and publish the most complete Source of discovery and accurate details on the findings and in all areas of the field, recent advances in the mode of original papers, analysis, articles, case reports, short communications, etc. make them freely accessible online without any limitations or any other subscriptions to researchers worldwide [1-4].

The journal of Lung in Clinical Practice, Journal of lung disease & Journal of pathophysiology of lung, journal of pulmonary medicine and respiratory research. As an original publication, review papers, case reports, brief correspondence, Solid weight the executives among teenagers is basic, especially as they set up freedom and settle on more decisions outside of the home condition, concerning diet and physical movement practices.

Authors can submit manuscripts and monitor their progress, hopefully for publication, through the online tracking system. As any report to be published publicly cumulatively covers 45 days from the date of receive. The time period for different processes including quality control, peer review, and paper preparation is taken from 4 to 5 weeks. Performance reviews and peer review processes are completed within 14 days, and the deadline for submission is just 7 days after the reviewers and editors have accepted [5-8].

The most often first symptom of COPD is a chronic cough, which may or may not be productive of mucus. Sometimes limited airflow may develop in the absence of a cough. A cardinal symptom of COPD is the chronic and progressive shortness of breath which is most characteristic of the condition. An accompanying productive cough is only seen in up to 30% of cases. These symptoms are present for a prolonged period of time and typically worsen over time. It is unclear whether different types of COPD exist. While previously

divided into emphysema and chronic bronchitis, emphysema is only a description of lung changes rather than a disease itself, and chronic bronchitis is simply a descriptor of symptoms that may or may not occur with COPD

The primary risk factor for COPD globally is tobacco smoking. Of those who smoke, about 20% will get COPD, and of those who are lifelong smokers, about half will get COPD. In the United States and United Kingdom, of those with COPD, 80–95% are either current or previous smokers. The likelihood of developing COPD increases with the total smoke exposure. Additionally, women are more susceptible to the harmful effects of smoke than men. In non-smokers, exposure to second-hand smoke is the cause in up to 20% of cases. Other types of smoke, such as, marijuana, cigar, and water-pipe smoke, also confer a risk. Water-pipe smoke appears to be as harmful as smoking cigarettes. Problems from marijuana smoke may only be with heavy use. Women who smoke during pregnancy may increase the risk of COPD in their child.[9] For the same amount of cigarette smoking, women have a higher risk of COPD than men.

### References

1. Salgia R, Skarin AT. Molecular abnormalities in lung cancer. J Clin Oncol. 1998; 16(3): 1207-17.
2. Thannickal VJ, Murthy M, Balch WE, Chandel NS, Meiners S, Eickelberg O, Selman M, Pardo A, White ES, Levy BD, Busse PJ. Blue journal conference. Aging and susceptibility to lung disease. American J Crit Care Med. 2015; 191(3): 261-9.
3. Alberg AJ, Brock MV, Samet JM. Epidemiology of lung cancer: looking to the future. Journal of clinical oncology. 2005;;23(14): 3175-85.
4. Patel JD. Lung cancer in women. J Clin Oncol. 2005; 23(14): 3212-8.
5. Hasegawa M, Sone S, Takashima S, Li F, Yang ZG, Maruyama Y, Watanabe T. Growth rate of small lung cancers detected on mass CT screening. The British J Radiol. 2000; 73(876): 1252-9.
6. Gridelli C, Perrone F, Monfardini S. Lung cancer in the elderly. European J Cancer. 1997; 33(14): 2313-4.
7. Grilli R, Oxman AD, Julian JA. Chemotherapy for advanced non-small-cell lung cancer: how much benefit is enough?. J Clin Oncol. 1993; 11(10): 1866-72..
8. Earle CC, Neumann PJ, Gelber RD, Weinstein MC, Weeks JC. Impact of referral patterns on the use of chemotherapy for lung cancer. J Clin Oncol. 2002; 20(7): 1786-92.