**Situational Problem N12 to the topic “Clinical Syndromes of Respiratory sys-tem diseases”**

Patient К., male, 26 years, complains of cough with moderate quantity of muco-purulent sputum, dyspnea, headache, expressed general weakness. He was ill 10 days ago after of overcooling.

The disease began gradually: nasal mucus discharge, sore throat, headache, next the dry cough, moderately expressed general delicacy have appeared, the body tempera-ture has raised up to 38,1ºС. He was treated out-patient. However, the medicines appointed by the doctor were accepted by her irregularly, in this connection she has been directed to the hospital.

The general state is satisfactory. Skin is pale and wet. The body temperature is 37,6 ºС. Respiratory rate is 20 per minute. Pulse rate is 90 per minute, of a satisfactory strain and filling. The left half of the chest lags sloghtly at respiration. There are dull percussion sound, increased bronchophony and vocal fremitus, harsh vesicular repiration anda wet small-bubbling consonating rales (rhonchi) below angle of the left scapula on posterior surface of chest.

BP is 125/65 mm Hg. Heart sounds are little bit weakened, rhythmical. The abdo-men is mild and painless at palpation.

Analysis of blood: erythrocytes - 3,9×1012/l, hemoglobin - 138 g/l, leucocytes - 9,8×109/l, stab neutrophiles - 8 %, segmentonuclear neutrophiles - 67 %, lympho-cytes - 20 %, monocytes - 5 %, ESR - 26 mm / h.

Analysis of sputum: mucopurulent character, leucocytes – 15-20 in sight; a plenty of Gram-positive cocci.

Results of chest roentgenography: there are focal shadows with indistinct outlines at the left inferior lobe in projection of 8-, 9-, and 10-th segments on background of increased lung pattern. The root of the left lung is wide, slightly structural, bundlness. The right pulmonary fields are translucent, without infiltrative and focal shadows.

Spirography: VC=84% from proper, FEVC=88% from proper, FEV1/FEVC=0.79

**What syndromes present in this clinical situation?**