



diagnostic capabilities, enabling more personalized and precise management of respiratory conditions. Molecular diagnostics have revolutionized the detection and characterization of respiratory diseases by allowing for the precise identification of pathogens and genetic mutations. Techniques such as polymerase chain reaction (PCR) and next-generation sequencing (NGS) offer high sensitivity and specificity, enabling the early detection of infections and genetic predispositions. Molecular diagnostics facilitate targeted therapies and personalized treatment plans, improving the management of diseases such as tuberculosis, lung cancer, and cystic fibrosis [5].

Artificial intelligence (AI) and machine learning (ML) represent cutting-edge advancements in respiratory diagnostics. AI algorithms are increasingly being applied to the analysis of medical images, such as chest X-rays and CT scans, to enhance diagnostic accuracy and identify patterns that may be missed by human observers. Machine learning

the potential of these innovations. Continued research, collaborative efforts, and effective integration into clinical practice will be key to advancing the field and improving respiratory health outcomes.

**Academic**

None

**Conflicts of Interest**

None

**References**

1. Zammit C, Liddicoat H, Moonsie I, Makker H (2010) Obesity and respiratory diseases. *Int J Gen Med* 3: 335-343.
2. Abdelaal M, le Roux CW, Docherty NG (2017) Morbidity and mortality associated with obesity. *Ann Transl Med* 5: 161.
3. Pedraza-Serrano F, Jiménez-García R, López-de-Andrés A, Hernández-Barrera V, Esteban-Hernández J, et al. (2018) Comorbidities and risk of mortality among hospitalized patients with idiopathic pulmonary fibrosis in Spain from 2002 to 2014. *Respir Med* 138: 137-143.
4. Han MK, Murray S, Fell CD, Flaherty KR, Toews GB, et al. (2008) Sex differences in physiological progression of idiopathic pulmonary fibrosis. *Eur Respir J* 31: 1183-1188.
5. Mooney J, Raimundo K, Chang E, Michael S (2016) Association between Clinical Characteristics and In-Hospital Mortality in Patients with Idiopathic Pulmonary Fibrosis. *Am Thorac Soc*.
6. Gannon WD, Lederer DJ, Biscotti M, Javaid A, Patel NM, et al. (2018) Outcomes and Mortality Prediction Model of Critically Ill Adults With Acute Respiratory Failure and Interstitial Lung Disease. *Chest* 153: 1387-1395.
7. Comes A, Wong AW, Fisher JH, Morisset J, Johannson KA, et al. (2022) Association of BMI and Change in Weight With Mortality in Patients With Fibrotic Interstitial Lung Disease. *Chest* 161: 1320-1329.
8. Alakhras M, Decker PA, Nadrous HF, Collazo-Clavell M, Ryu JH (2007) Body mass index and mortality in patients with idiopathic pulmonary fibrosis. *Chest* 131: 1448-1453.
9. Kishaba T, Nagano H, Nei Y, Yamashiro S (2016) Body mass index-percent forced vital capacity-respiratory hospitalization: new staging for idiopathic pulmonary fibrosis patients. *J Thorac Dis* 8: 3596-3604.
10. Jouneau S, Rousseau C, Lederlin M, Lescoat A, Kerjouan M, et al. (2022) Malnutrition and decreased food intake at diagnosis are associated with hospitalization and mortality of idiopathic pulmonary fibrosis patients. *Clin Nutr* 41: 1335-1342.