

24. ETIOLOGICAL APPROACH CORRELATED WITH RADIOLOGICAL, FUNCTIONAL AND MICROBIOLOGICAL PROFILE IN ADULT PATIENTS WITH BRONCHIECTASIS

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Introduction. Bronchiectasis is a disabling disease that remains under-diagnosed with significant delay in the initiation of an appropriate therapy according to the etiology and appropriate microbiological and pulmonary function tests.

Aim of study. This study aimed to determine the etiology, radiological, microbiological and lung function profile in adult patients with non-cystic fibrosis bronchiectasis hospitalized in a tertiary care hospital due to an acute exacerbation.

Methods and materials. We prospectively evaluated 36 patients with bronchiectasis confirmed by high resolution computed tomography (HRCT) of the chest. Etiology, clinical data, mReiff radiological score, microbiological profile and lung function were analysed.

Results. We evaluated 36 patients (25 women) with bronchiectasis (mean age: 55.5 ± 16 years), 25% of them being non-smokers. The etiology of bronchiectasis was identified in 75% of cases and 25% being idiopathic. Past tuberculosis (34%) was the most common cause, followed by COPD (28%) and post-infectious (13,8%). All patients presented with cough and mucopurulent sputum, and in 15% cases hemoptysis was reported. Mean duration of symptoms was 10.7 ± 11.7 years. Obstructive pulmonary pattern was identified in 63%, and 37% of cases were with a preserved pulmonary function. The patients had normal spirometry. *P. aeruginosa* was the most common pathogen yielded in sputum cultures (19%), followed by *H. influenzae* (13%). Patients with *P. aeruginosa* chronic infection had a more long-standing disease and a worse lung function.

Conclusion. Idiopathic, past tuberculosis and COPD constitute major bronchiectasis etiologies in our cohort of patients and *P. aeruginosa* was the most frequent bacteria isolated, being associated with a more severe disease.