Cryptogenic Organizing Pneumonia: Report of 3 Cases

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Cryptogenic organising pneumonia (COP), is a rare disease also called idiopathic bronchiolitis obliterans with organising pneumonia (BOOP), characterised by histological findings of polypoid masses of granulation tissue in the lumens of small airways, alveolar ducts, and alveoli. Although the pulmonary lesions in COP are mainly intraalveolar, COP was included in the American Thoracic Society/European Respiratory Society International Consensus Classification of the Idiopathic Interstitial Pneumonias. The aim of this study was to investigate the clinical features including history, radiology, pulmonary function (PF) and histological pathology of COP and report its features in our experience for improving the ability of diagnosing and reduce recurring. Methods: Three patients were diagnosed with COP, the mean age was 65 years. Two were men and one woman. All the patients presented with cough and dyspnoea. Fever, anorexia and weight loss were reported in 2 patients, chest pain and haemoptysis in 1 case. There is no finger clubbing. Physical examination disclosed velcro rale on auscultation in all the patients. Lung function tests revealed hypoxemia and restrictive ventilatory defect in 2 patients. Chest radiography showed: bilateral subpleural distributed air-space consolidation and ground glass opacity (2 cases); unifocal region of consolidation in 1 case. In all cases the diagnosis was made by open lung/thoracoscopic biopsy. Two patients were treated with corticosteroids (CS), had a good response and were stable after stop medication. One had spontaneous remission, but after 6 months had recurrence and CS was started. The diagnosis was delayed in all the case (2-8 months), and they took several courses of antibiotics for pneumonia. Conclusion: We should try to get a pathological diagnosis when clinical and image characteristic suspected to COP. Early enough dose of CS after a definite diagnosis could reduce recurring, although the response to CS is generally good, a proportion of patients can experience early or late relapses.

Assessment of Risk of COPD Exacerbations by the Multidimensional Staging Systems

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Chronic obstructive pulmonary disease (COPD) can become the third most common cause of death and the fourth cause of disability in the world by the year 2020. The severity of COPD is currently assessed using a single physiological measurement, the forced expiratory volume in 1 s (FEV1). COPD, however, has complex effects on other aspects of respiratory function and in many patients is associated with important systemic changes. The aim of this study is to compare multidimensional disease ratings in COPD. Methods: 158 consecutive COPD patients were enrolled into the study. The spirometric data (FEV1, FVC, FEV1/FVC), BODE index (BMI, FEV1, MRC, 6 MWD), BOD (BODE without 6 MWD), SAFE (SGRQ, Air-Flow limitation and Exercise tolerance) and HADO (Health-Activity-Dyspnoea-Obstruction) were analyzed. Health-related quality of life was assessed by the Clinical COPD Questionnaire (CCQ) and the St. George Respiratory Questionnaire (SGRQ). Results: The cohort consisted of 78 younger patients, mean age 56.8 ± 3.94 years and 80 older patients mean age 72.2 ± 4.82. Patients in both groups had the similar severity of COPD by GOLD/ATS/ERS: FEV1, % was $42.7 \pm 14.44\%$ versus $42.3 \pm 12.82\%$ ($p > 0.05$). Pearson correlation coefficient analysis demonstrates in COPD patients a significant positive correlation between the BODE and the rate of COPD exacerbations (in elderly $r = 0.45$, $p < 0.01$ and in younger $r = 0.52$, $p <$

0.01), also correlations between BOD index and exacerbations are considerable. Moreover the correlational analysis revealed the presence of positive correlation between the BODE and HRQL: the total scores of the CCQ (r=0.62, p<0.01) and SGRQ (r=0.42, p<0.01) in elderly COPD patients. SAFE (r=0.34, p<0.01) and HADO scores (r =-0.33, p<0.01) correlated weaker with the rate of COPD exacerbations in elderly. Conclusion: The BODE and BOD scores correlate stronger with rate of COPD exacerbations in elderly and young COPD patients than HADO and SAFE scores.

Predictors of Health Status in Patients with COPD Determined by Gender

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The influence of gender on the expression of COPD is studied rather superficially. Quality of life (QoL) has become an important outcome in COPD patients. Aim: The aim of the study was to analyse the factors which contribute to gender differences in quality of life of COPD patients. Methods: The following indices were taken into consideration: age, FEV1%, FVC, FEV1%/FVC, BODE index, 6 minute walk distance (6MWD), body mass index (BMI), dyspnoea (modified MRC), Saint George's Respiratory Questionnaire (SGRQ), Clinical COPD Questionnaire (CCQ), EuroQol Questionnaire in 80 men and women with COPD from pulmonary clinic. Results: 80 patients were divided into 2 groups of 40 women, mean age 65 ± 8.3 years and 40 men, mean age 64 ± 8 years. The mean FEV1% for the groups were 46.27 ± 15% and 44.9 ± 9.5 %, p= 0.62. Patients in both groups had similar scores in all domains of the SGRQ: total 62.23 vs 65.01, p= 0.29; symptoms 76.46 vs 80.63, p=0.29; activity 57.49 vs 59.35, p=0.58; impact 60.49 vs 63.35, p=0.29. In CCQ there were also observed no significant differences in total score 2.96 vs 2.8, p=0.38. Minor differences were observed in BODE index 6.07 vs 5.9, p= 0.68. The forward stepwise regression analysis shows that the BODE index, severity of obstruction and comorbidities are the important predictors of health related quality of life in men COPD patients, which explain 55% of the total score of SGRQ (p<0.01). In women COPD patients, 6MWD, age and oxygenation explain 54.6% of SGRQ total score. Conclusion: In moderate and severe COPD patients attending a pulmonary clinic, there are no significant gender differences in health status scores. The main predictors of SGRQ total score in men are BODE index, degree of obstruction and comorbidities, whereas for women, the main predictors are age, exercise capacity and level of arterial oxygenation.

2009 AH1N1 – Associated Pneumonia, Clinical, Microbiological and Pathological Analysis of 15 Fatal Cases

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The objective of the study was to describe clinicopathological, microbiological and radiological characteristics of 15 patients who died following 2009 AH1N1 – associated pneumonia. As materials and methods were reviewed clinical, radiological, microbological, and pathological datas (with emphasis on the pulmonary pathology findings) of 15 fatal cases of 2009 A H1N1 associated pneumonia hospitalised between November 2009 and January 2010 in Republican Clinical Hospital (RCH), Chisinau, Republic of Moldova. Most of the 15 decedents - 13 (86,6%) - were women (2 of whom were pregnant and 2 postpregnant). The mean age in the reviewed cases was 37,4