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A CASE SERIES OF TREATABLE CAUSES OF BRONCHIECTASIS**A. Siribaddana, K. Wickramasekara, G. G. P. Pathirana, S. K. Illeperuma,
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Bronchiectasis is a chronic inflammatory lung disease which leads to permanent lung damage and significant morbidity. The underlying causes of bronchiectasis vary and in Sri Lanka the incidence of bronchiectasis and its causes are not known. This study was conducted to identify the patients with correctable causes of bronchiectasis who responded to appropriate therapy.

Patients who presented with symptoms of bronchiectasis, to the respiratory unit 1, Teaching Hospital Kandy from October 2010 to December 2010, were investigated. Informed consent was taken from the patients before the clinical details were obtained. In all patients, except a child, the diagnosis of bronchiectasis was confirmed by High Resolution Computed Tomography of the chest. Chest X-ray was used to confirm the diagnosis in the child. All patients were investigated with full blood counts, X ray sinuses, serum proteins, serum immunoglobulin levels, sputum direct smears, culture for mycobacteria and skin prick tests for aspergillosis. Those with positive skin tests underwent antibody testing for *Aspergillosis*. Those who were diagnosed to have post tuberculosis bronchiectasis and concurrent pulmonary tuberculosis were excluded.

There were 26 cases with a mean age of 31 years (range 8 to 56 years). 7 (27%) were found to have a correctable cause, which included, 4 cases of allergic broncho-pulmonary aspergillosis, 1 common variable hypogammaglobulinaemia, 1 relapsing polychondritis, and 1 case of myelodysplastic syndrome associated with leucopaenia. These patients were put on specific treatment which resulted in significant improvement in their symptoms and quality of life. Some patients were completely asymptomatic after specific therapy.

We conclude that investigation for an underlying cause should be done in all patients diagnosed to have bronchiectasis.