

# European Respiratory Society Annual Congress 2013

**Abstract Number:** 2659

**Publication Number:** P4207

**Abstract Group:** 6.1. Epidemiology

**Keyword 1:** Bronchiectasis **Keyword 2:** Comorbidities **Keyword 3:** Imaging

**Title:** CT diagnosis of bronchiectasis (BCT) – Casuistic report of a tertiary hospital

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**Body:** Background: A wide spectrum of diseases can cause BCT; the definition is radiological and the significance of incidental findings is unknown. Objective: Characterize an adult population with BCT found on chest CT (CT) Methods: Computerized database search for CT reports performed between 2008-10 mentioning BCT. Classification was adapted from ERS Monograph (Eur Respir Mon 2011. 52, 1–10). BCT were characterized and clinical files reviewed for symptoms, demographic data and etiologic investigation. Symptomatic BCT were defined by use of inhaled medication/oxygen or admission due to respiratory disease. Results: Of the 1371 reports retrieved, 682 were excluded. There was a slight male predominance (52,4%). Mean age at diagnosis was 66 years (1-94, SD ±14,8); 174 were deceased when the file was reviewed. 31,2% (n=215) had a previous diagnosis of cancer. 79,5% of the patients were considered symptomatic. 26,6% associated with infections, 11,3% obstructive airways disease, 7,1% systemic diseases and 6,0% immunodeficiency; n=14 were idiopathic. In 37,1% etiology wasn't determined. Most were and found in only one lobe (50,8%), and morphology was varicose (34,5%), cylindrical (29,9%), cystic (8,3%) or mixed (18,6%). 72,4% presented other CT findings. No predictors of mortality were found but there was a trend towards increased mortality in symptomatic patients. Conclusions: BCT are a relatively common finding in CT and are often symptomatic. Etiologic investigation is insufficient in a great number of patients. The apparent association with cancer may be due to selection bias. Significance in asymptomatic patients is unknown, prospective studies are needed to evaluate natural history in those patients.