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Title: Can pseudomonas aeruginosa infection change the outcome of bronchiectasis?

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Body: Background: Bronchiectasis patients are susceptible to infection with pseudomonas aeruginosa (PA). Isolation of PA is associated with increased severity of disease, greater airflow obstruction and poorer quality of life. It is not known whether infection by PA is a marker of disease severity or contributes to disease progression. Aim: Determine frequency, clinical, biologic, management and outcome of PA infection complicated bronchiectasis. Patients and Methods: Between 2005 - 2011, 24 PA infection occurred in patients with bronchiectasis were retrospectively enrolled in the study. Results: The mean age of patients (13 women and 11 men) was 42 years (16-65 years). Twenty one patients have diffuse and bilateral bronchiectasis. PA infection reveals bronchiectasis in 3 cases (13%). Clinical manifestations included: acute respiratory failure (n= 15), fatal sepsis (n=1, increased sputum (n= 24) and fever (n=20). PA strain was isolated from sputum in 23 cases and from bronchial alveolar fluid in 1 case. All patients received continuous 2 antibiotics for more than 14 days: ceftazidim + amikacin or quinolone (96%) and imipenem + amikacin (4%). Following intravenous antibiotics, PA was eradicated in 22 cases and 2 patient was colonized with PA. Long term outcome complications were involved: chronic respiratory failure (12,5%), recurrent PA (12,5%) and Hemophilus perinfection (12,5%). Conclusion: Pseudomonas aeruginosa lung infection in patients with bronchiectasis is associated with more severe disease and a higher utilization of health-care resources.