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Title: Dificulties of primary ciliary dyskinesia diagnosis in children

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Body: Background: primary ciliary diskinesia (PCD) is rare disease, so it is often diagnosed late. Aim: to identify age at PCD diagnosis in children and misdiagnoses, which patients had had before they got right diagnosis. Methods: a retrospective study of medical histories in 57 children with PCD Results: there were 35 (61%) patients with situs inversus (SI) and 22 (39%) – without. Median age at onset of the symptoms was 0 (IQR 0-0,3;range 0-4). Median age at diagnosis was lower in children with SI: 4 (IQR 0,8-7, range 0-4) compared to those without: 7,6 (IQR 3,1-13, range 0,3-16) ($p<0,05$). Before PCD was diagnosed, all the children had had histories of infectious diseases of upper and lower respiratory tract, due to this patients had been treated by pediatricians and otolaryngologists. Misdiagnosed were 51 patient. More often they were diagnosed recurrent bronchitis in 21 (41%), then: recurrent or prolonged pneumonia in 6(11,5%), asthma in 5(10%), bronchitis obliterans in 1 (2%), congenital lung malformations in 6(11,5%), cystic fibrosis in 4(8%), bronchiectasis in 1(2%), interstitial lung diseases in 2(4%), chronic bronchiolitis in 1(2%), gastroesophageal reflux in 1(2%). Karthagener’s syndrome was diagnosed in 6 patients. Conclusion: diagnosis of PCD is quite difficult, especially in children without SI.