Unravelling the “frequent exacerbator” phenotype in cystic fibrosis

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Exacerbation frequency among people with CF is correlated to an abnormal inflammatory/anti-inflammatory activity balance, and is evident in stable state as well as during pulmonary exacerbations https://bit.ly/3Hqzyuw


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Exacerbations of chronic airway disease are well-described phenomena across diseases, including bronchiectasis (BE), whether secondary to cystic fibrosis (CF) or not. Exacerbations are frequent in CF and BE: in recent registries, 20% of children and 70% of adults with CF [1] and 75% of adults with BE [2] experienced at least one exacerbation in the previous year. In most diseases, the diagnosis of an exacerbation is made based on clinical criteria: deterioration of symptoms (CF and BE) and pulmonary function (CF) [3, 4]. The immediate initiating event(s) of an exacerbation is not completely elucidated, despite several studies exploring changes in biomarkers between exacerbation and stability [5].

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