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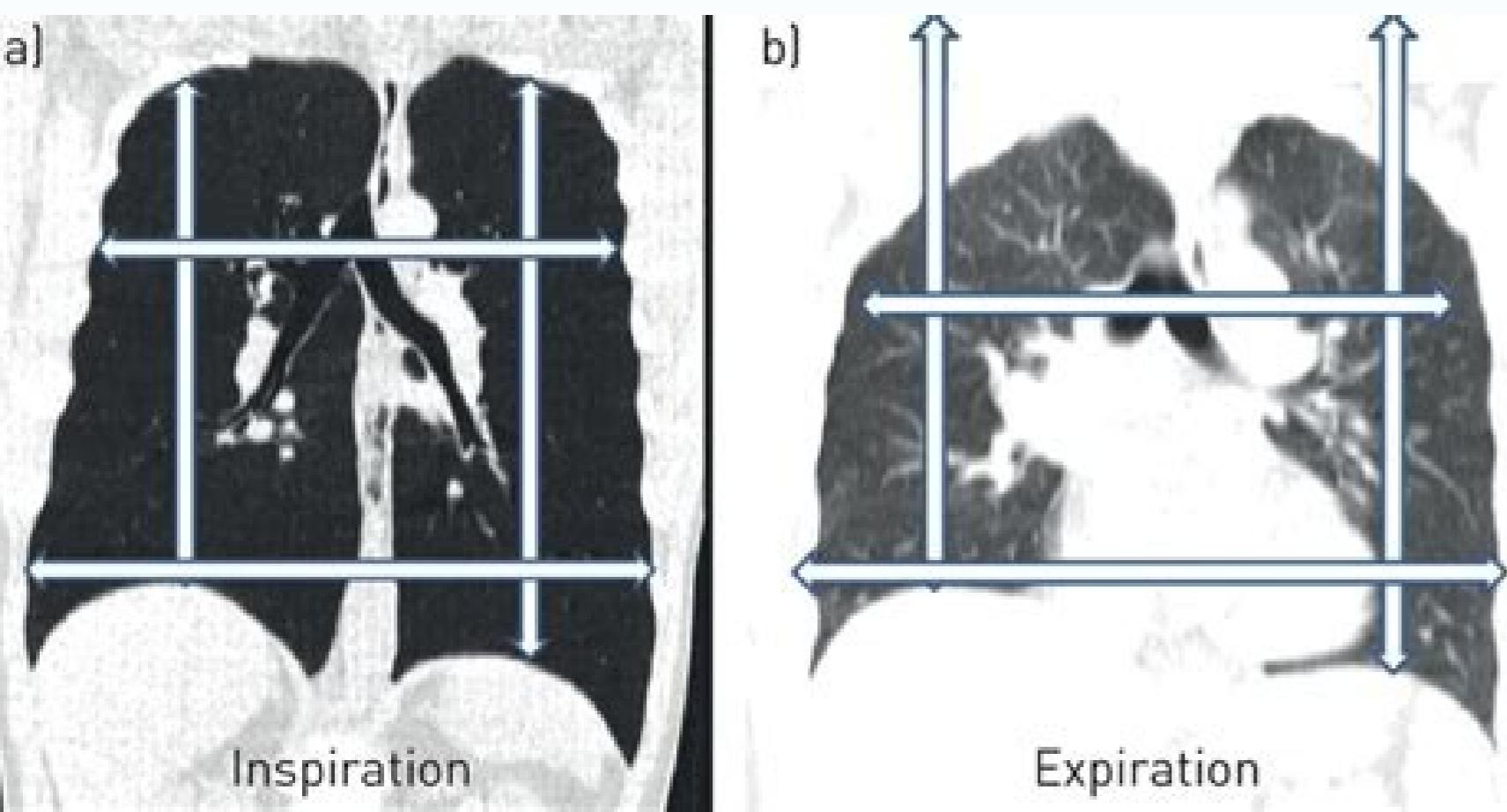
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Original Article

### Clinical, radiologic, and functional evaluation of 304 patients with bronchiectasis

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Submission: 22-10-10 Accepted: 07-03-11

Abstract:

**BACKGROUND:** Bronchiectasis continues to be one of the major causes of morbidity and mortality in developing countries, with a probably underestimated higher prevalence than in developed countries.

**OBJECTIVE:** To assess the clinical profile of adult patients with bronchiectasis.

**METHODS:** We retrospectively reviewed the clinical, radiologic, and physiologic findings of 304 patients with bronchiectasis.

**RESULTS:** Mean age of participants (45.7% males, 54.3% females) was 56 ± 25 years and 65.8% of them were lifetime non-smokers. Most common identified causes of bronchiectasis were childhood disease (22.7%), postinfectious bronchiectasis (19.3%), and congenital anomalies (17.9%). Patients with childhood disease had more dyspnea (72%) and hemoptysis (21%). The most common findings on chest examination were crackles (71.1%) and rhonchi (28.3%). Types of bronchiectasis were cylindrical in 47%, varicose in 19.9%, cystic in 8.1%, and fibrotic in 24.2%. Of the 304 patients, 200 (65.7%) displayed normal pulmonary function test results, whereas 47.4%, 8% and 23.7% showed obstructive, restrictive, and mixed respiratory dysfunction, respectively. Patients with childhood disease had a higher frequency of hemoptysis (42%) and a greater degree of functional impairment compared to other types.

**CONCLUSION:** In patients with bronchiectasis from southern Turkey, generally presenting with recurrent productive cough, chronic dyspnea, and persistent sputum, the etiology remains mainly unknown.

Predisposing factors include childhood diseases, smoking, and environmental pollutants. The clinical picture and the deterioration of the pulmonary function test might be more severe in patients with cystic type

Key words:  
Asthma, bronchiectasis, chest X-ray, chronic obstructive pulmonary disease, computed tomography, respiratory function test

developing countries, especially in patients with little access to healthcare. However, it is probably underestimated,<sup>1–4</sup> then based on healthcare claims or physician-reported cases.

In a retrospective analysis, chest computerized tomography (CT) scans of 1000 asymptomatic examinees revealed a very high prevalence of bronchiectasis (9.1%) in Korean adults, including children and adolescents.<sup>5</sup> This disease has still been considered as an "orphan" disease because of low clinical suspicion, commercial interest and research activity.<sup>6–8</sup> As a result of the advances in molecular biology, the incidence of bronchiectasis diminished, with limited literature about this issue compared to other "destructive lung diseases" and "pneumonia".<sup>9–11</sup>

The incidence of bronchiectasis varies over different populations. In the United States, metabolic and ultrastructural defects are the predominant etiologic factors in developed countries, while bacterial and viral infections continue to be major causes of the disease in developing countries.<sup>12</sup> On the other hand, despite

the incidence of bronchiectasis is generally not well known and are often underdiagnosed.<sup>13–15</sup> Although the prevalence once declined over the past years in societies with high socioeconomic status and education, the improvements in preventive medicine, especially childhood immunizations, and improvement of the living conditions and the use of antibiotics nowadays bronchiectasis has been recognized more, mainly due to the frequent use of high-resolution computed tomography (HRCT).<sup>16–21</sup> Compared to developed countries, its prevalence was suggested to be higher in

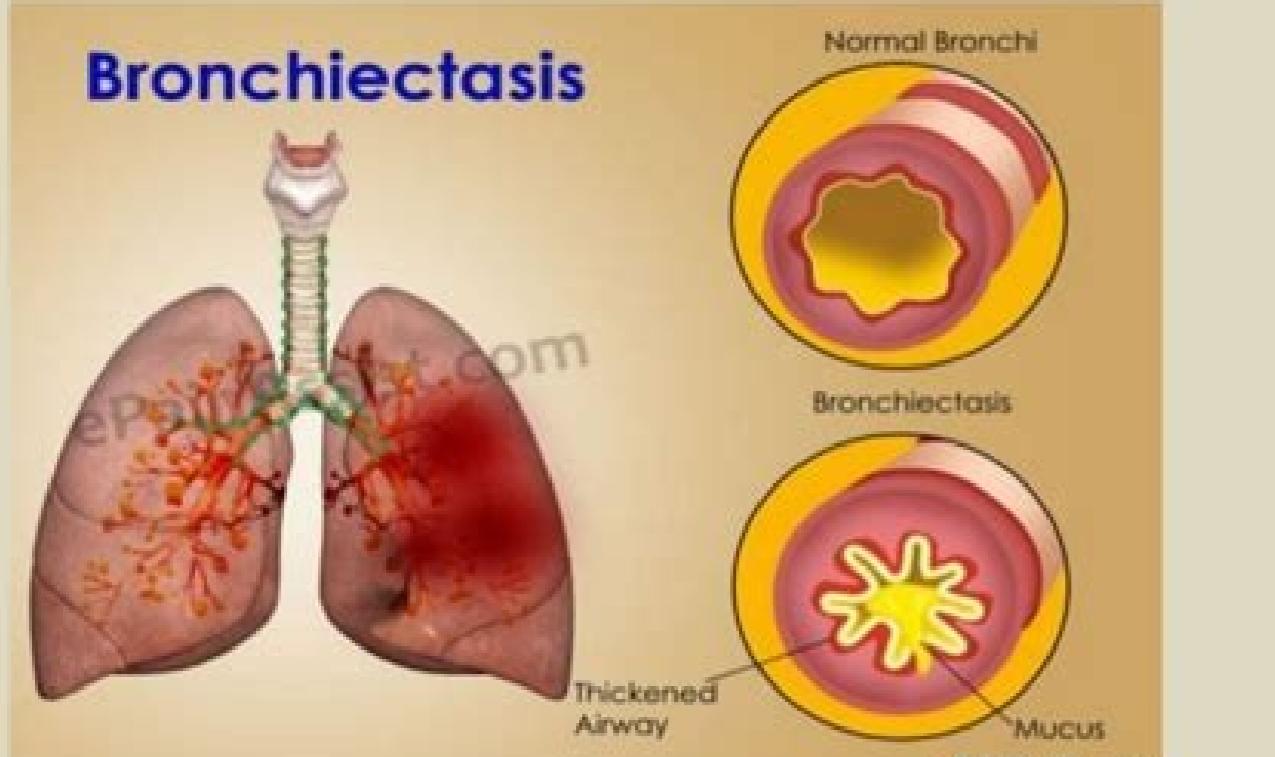


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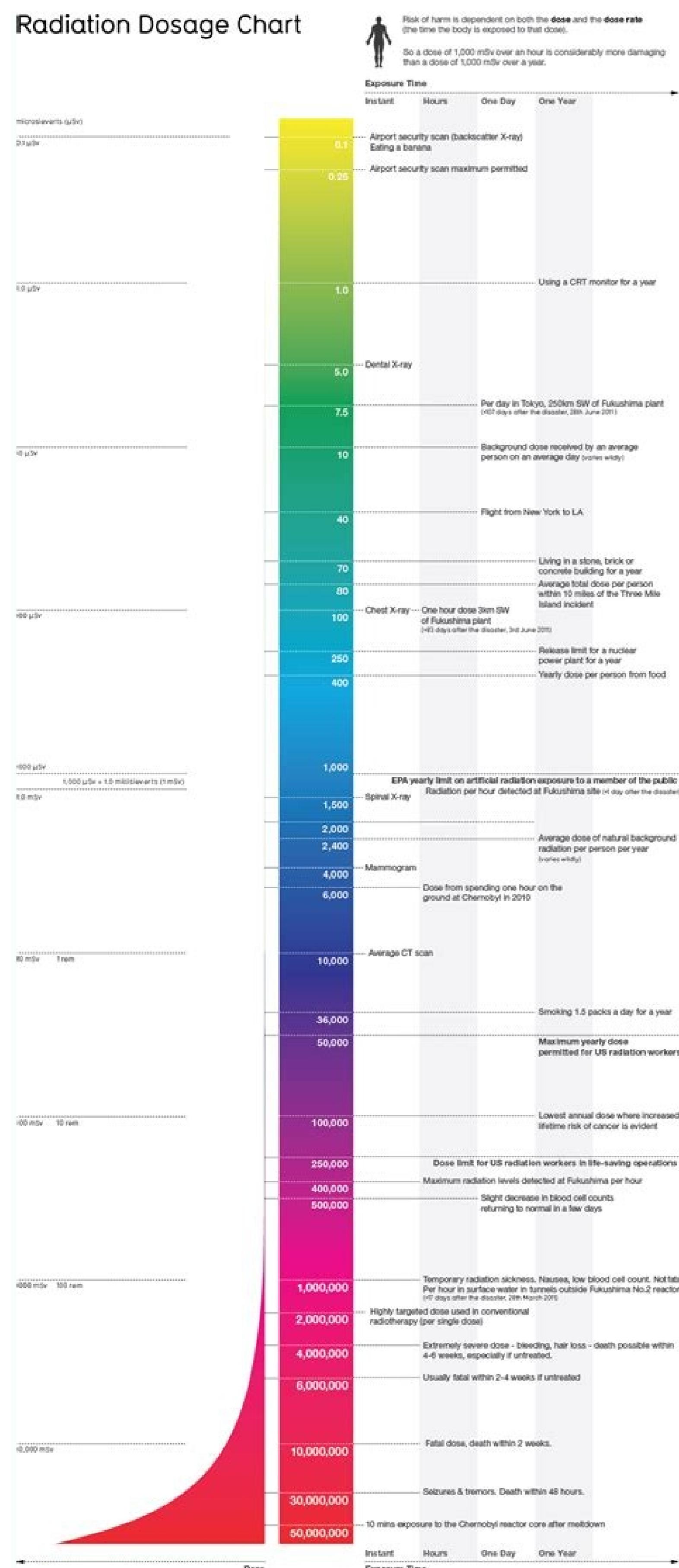
DOI: 10.4103/1817-7377.82443

## Radiological imaging of bronchiectasis.



Dr/ ABD ALLAH NAZER. MD.

# Radiation Dosage Chart



David McCandless, Matt Hancock // v1.52 // Jul 2011

InformationisBeautiful.net

Sources: BBC, Guardian DataBlog, Mayo Clinic, XKCD, data.billy.RadiationChart, esee辐射, note: logarithmic scale & average doses used

Bronchiectasis radiopaedia. Bronchiectasis radiographics. Bronchiectasis radiology.

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If at any time you find yourself coughing too much, coughing mucus frequently, coughing blood, or having difficulty breathing, you should consult a health provider. If you have been diagnosed with bronchiectasis, you should contact your health provider if: You have signs of infection, such as fever or chills. You have more trouble breathing than usual. You have chest pain. You are much more tired than usual. You are losing weight without wanting. Are you coughing more mucus, mucus with blood on it, or mucus that is yellow or green. You do not have an appetite. Last reviewed by a Cleveland Clinic doctor on 05/31/2019. References American Lung Association. Bronchiectasis (Accessed on 5/31/2019. Chest Foundation. Bronchiectasis (Accessed on 5/31/2019. American Thoracic Society. Bronchiectasis: Part 1 ( and Part 2. ( Accessed on 5/31/2019. National Heart, Lung and Blood Institute. Bronchiectasis (Accessed on 5/31/2019. Maselli DJ, Amalakuan B, Keyt H, Diaz AA. 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