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FREQUENCY AND PATTERN OF PATIENTS WITH BRONCHIECTASIS

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Abstract:

Objective: *To determine the frequency and pattern of patients with bronchiectasis*

Patients and Methods:*A total of fifty patients known case of bronchiectasis were included in the study. The criterion for the selection of the patients for the study was those patients diagnosed case of bronchiectasis >18 year of age and either gender. The exclusive criteria were known patients of asthma, pleurisy, pneumonia, upper respiratory tract infections, lung malignancy and allergic rhinitis and patients already on immune-suppressive therapy. After having selected cases for the study, careful history & physical examination was carried out in each patient in particular relation to respiratory system. The demographical and clinical profile of subjects was also noted. The co-morbidities were also explored while the etiological profile was also explored through clinical history, physical examination and specific investigations whereas the frequency / percentages (%) and means ±SD compute d for study variables.*

Results: *During six month study period total fifty patients had bronchiectasis were explored and study. The mean ± SD for age (yrs) of population was 51.82±6.83. Regarding gender distribution male 30 (60%) and female 20 (40%) while the symptoms reported as productive cough 84%, hemoptysis 44%, dyspnea 70% and signs as clubbing 48%, weight loss 74%, abnormal chest findings on auscultation 80% and co-pulmonale 36%. Regarding the pathogen mixed organisms 14%, streptococcus pneumonia 8.0%, staphylococcus aureus 10%, pseudomonas 14%, haemophilus influenza 12% mycobacterium tuberculosis 26% and no pathogen identified 16% whereas regarding the etiological profile the post tubercular broncheactasis74%, rheumatoid arthritis 4.0%, allergic bronchopulmonary aspergillosis (ABPA) 10%, cystic fibrosis 2.0% and no cause identified 10% respectively.*

Conclusion:*Bronchiectasis stays one of the significant constant respiratory illnesses, post tubercular assortment being the commonest type.*

KeyWords: *Bronchiectasis, respiratory tract infections and pulmonary pathology.*

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INTRODUCTION:

In clinical practice, bronchiectasis happens as a clinical disorder with traditional set of triad of productive cough, purulent sputum and recurrent chest infections [1, 2]. The commonness of this illness has declined in the created nations due to early vaccination, across the board utilization of anti-infection agents in the executives of childhood respiratory contaminations, and viable control of tuberculosis [3, 4]. In developing nations, it is the third most regular conclusion made in grown-up patients going to the chest centers of the huge medical clinics [5]. The studies in regards to clinician's view and ways to deal with bronchiectasis in Pakistan are scarce. The present survey to give data in regards to the clinical the study of disease transmission and the hazard stratification of the patients giving bronchiectasis at a health care setup in Pakistan.

PATIENT AND METHODS:

A total of fifty patients known case of bronchiectasis were included in the study. The criterion for the selection of the patients for the study was those patients diagnosed case of bronchiectasis >18 year of age and either gender. The exclusive criteria were known patients of asthma, pleurisy, pneumonia, upper respiratory tract infections, lung malignancy and allergic rhinitisand patients already on immune-suppressive therapy. After having selected cases for the study, careful history & physical examination was carried out in each patient in particular relation to respiratory system. The demographical and clinical profile of subjects was also noted. The co-morbidities were also explored while the etiological profile was also explored through clinical history, physical examination and specific investigations whereas the data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six month study period total fifty patients had bronchiectasis were explored and study. The mean ± SD for age (yrs) of population was 51.82±6.83. The demographical, clinical profile, microbiological and etiological profile of study population is presented in Table 1 and 2.

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
20-29	05	10
30-39	07	14
40-49	08	16
50-59	12	24
60-69	11	22
70+	07	14
GENDER		
Male	30	60
Female	20	40
RESIDENCE		
Urban	15	30
Rural	35	70
HISTORY OF SMOKING		
Yes	32	64
No	18	36
HISTORY OF TUBERCULOSIS		
Yes	28	56
No	22	44
SYMPTOMS		
Productive cough	42	84
Hemoptysis	22	44
Dyspnea	35	70
SIGNS		
Clubbing	24	48
Weight loss	37	74
Abnormal chest findings on auscultation	40	80
Co-pulmonale	18	36

TABLE 2: THE MICROBIOLOGICAL AND ETIOLOGICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
Pathogens		
Mixed organisms	07	14
Streptococcus pneumoniae	04	8.0
Staphylococcus Aureus	05	10
Pseudomonas	07	14
Haemophilus influenzae	06	12
Mycobacterium tuberculosis	13	26
No pathogen identified	08	16
ETIOLOGY		
Post tubercular broncheactasis	37	74
Rheumatoid arthritis	02	4.0
Allergic bronchopulmonary aspergillosis (ABPA)	05	10
Cystic fibrosis	01	2.0
No cause identified	05	10

DISCUSSION:

The clinical introduction and socioeconomics of patients giving bronchiectasis, analyzed by clinical history and suitable radiological examination, at clinical administration exceptionally gave for the consideration of patients with respiratory malady in a developing nation was investigated. A large portion of the patients had run of the mill clinical indications including cough, expanding sputum generation and hemoptysis. Comparative discoveries have been accounted for from different other studies [6,7]. In present arrangement higher level of patients giving brevity of breath and highlights suggestive of corpulmonale. Different investigations have additionally revealed bronchiectasis, causing huge dyspnoea and broad bronchiectasis frequently prompting endless corpulmonale [8,9]. The finding and evaluation of bronchiectasis may have turned out to be moderately simple, with the appearance of computed tomography. The expense and accessibility of HRCT chest is a constraining component to utilize this methodology of examination routinely.The survey directed by AngrillJ et al [10] where they announced 64% rate of colonization with conceivably pathogenic microorganisms from the sputum of stable patients with bronchiectasis, H. influenzae and pseudomonas species being the most common.The post tubercular broncheactasis was the most widely recognized etiology distinguished and about 6% of the patients giving bronchiectasis had ABPA. Bronchiectasis stays one of the regular constant respiratory ailments causing significant financial weight, tuberculosis, tobacco smoking and lethal presentation to biomass smoke contribute towards higher dismalness of this disorder.

CONCLUSION:

Bronchiectasis stays one of the significant constant respiratory illnesses, post tubercular assortment being the commonest type.

REFERENCES:

1. Aliberti S, Lonni S, Dore S, McDonnell MJ, Goeminne PC, Dimakou K, et al. Clinical phenotypes in adult patients with bronchiectasis. Eur Respir J. 2016 Apr;47(4):1113-22
2. Gao YH, Guan WJ, Liu SX, Wang L, Cui JJ, Chen RC, et al. Aetiology of bronchiectasis in adults: A systematic literature review. Respirology. 2016;21(8):1376-1383
3. Pande JN: Broncheactasis .InPande JN (editor). Respiratory medicine in the tropics. New Delhi: Oxford University Press; 1998.259-. 64.
4. Boyton RJ, Altmann DM.Bronchiectasis: current concepts in pathogenesis, immunology, and microbiology.Annu Rev Pathol. 2016;11:523-54
5. Pasteur CM, Helliwel MS, Houghten JS, et al. An investigation into the causative factor in patients with broncheactasis . Am J Respi.Crit Care Med. 2000; 162:1277-.84
6. Kutlay H, Cangir AK, Enon S, Sahin E, Akal M, Gungor A, et al. Surgical treatment in bronchiectasis : Analysis of 166 Patients. Eur J cardiothoracic Surg. 2002 ; 21: 634-7.
7. Agasthanian T, Deschamps C, TrastekVF,Allen MS et al Surgical Management of Bronchiectasis. Ann Thoracic Surg. 1996: 62: 976-80
8. Smith JA Jarrison FD, Edenric S et al . Chronic sputum production, correlation between clinical features and fi ndings on high resolution computed tomography of the chest Thorax.1996; 51 :914-.8.

9. Fidan A, Ozdogan S, Oruc O et al . Hemoptysis; A retrospective analysis of 108 cases. Respir Med.2002;96:677-80

10. Angrill J, Augustin C, de Cellis R et al. Bacterial colonizationin patients with bronchiectasis :Microbial pattern and risk factors. Thorax. 2002;57:15-9.