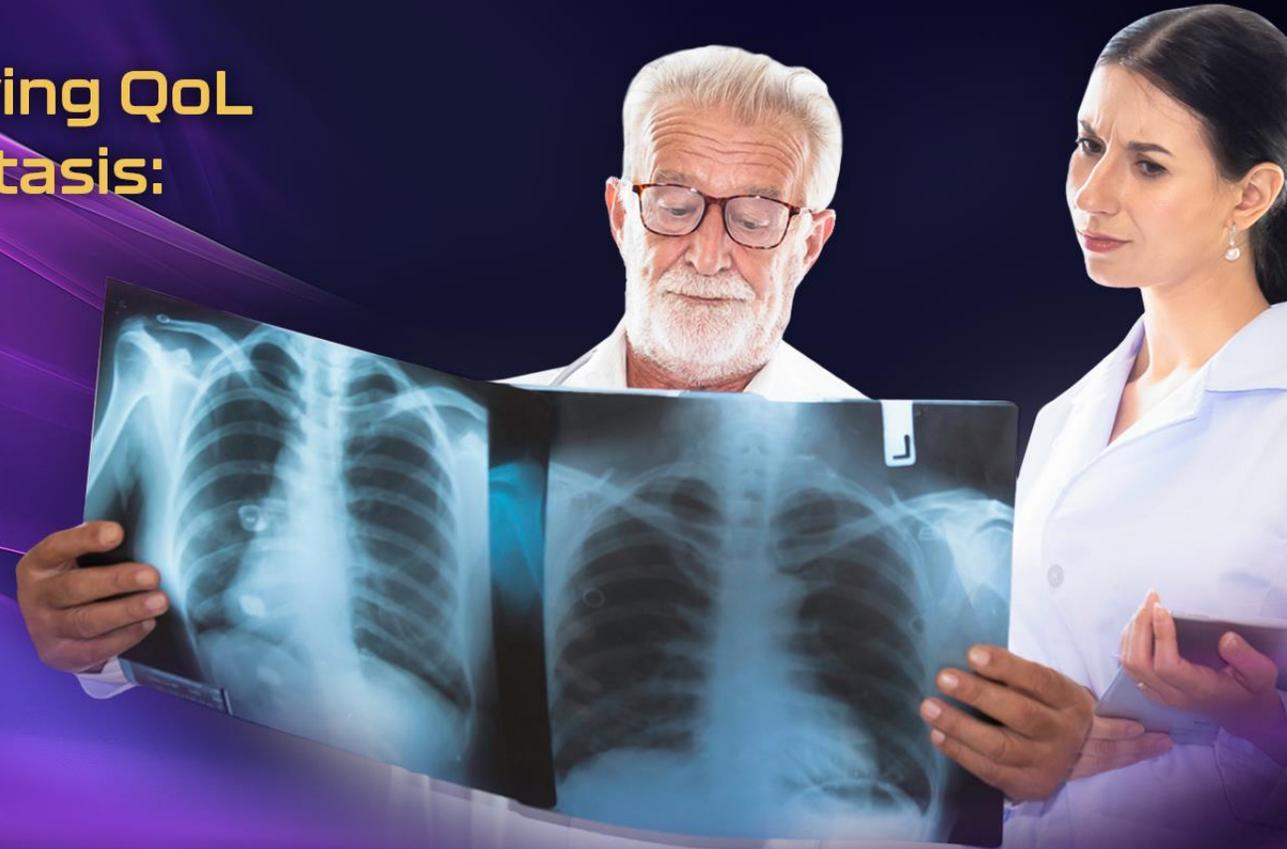


**Reducing the Burden and Improving QoL
in Non-Cystic Fibrosis Bronchiectasis:**

A Team-Based Approach to Challenging Cases



Case 1



Image is not of the actual patient

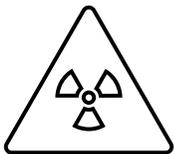
Presentation

- 84-year-old gentleman
- Diagnosed with bronchiectasis
- Presented with cough productive of yellow-green sputum
- No fever



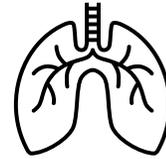
Sputum Culture

Haemophilus influenzae



Chest CT

Bronchiectasis with mucus-impaction



Past Medical History

- One prior episode of pneumonia several years ago
- No concerning occupational exposure



Labs

Normal Ig levels

Treatment

- Amoxicillin improved cough and sputum
- As soon as the antibiotic is stopped, symptoms recur
- Chest percussive therapy and a handheld oscillating positive expiratory pressure device did not help much



Impact of Bronchiectasis on Quality of Life

- High symptom burden
 - Cough
 - Breathlessness
 - Sputum production
 - Fatigue
- Social embarrassment associated with cough and sputum production
- Significant sleep disturbances
- Avoidance and modification of activities and travel plans
- Anxiety about developing exacerbations

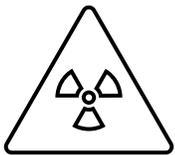
Case 2



Image is not of the actual patient

Presentation

- 72-year-old male had productive cough for 4 to 5 months, mild DOE, and fatigue
- Remained independent in activities of daily living
- 10-lb weight loss in prior 6 months
- Multiple antitussive tried with no relief
- Sputum was greenish yellow in color



Imaging

- Normal chest x-ray
- CT showed cylindrical bronchiectasis and tree-in-bud opacities



Sputum Culture

Mycobacterium avium

Treatment

- Triple therapy with azithromycin, ethambutol, and rifampin begun after drug susceptibility testing
- Remained on treatment for 14 months

Monitoring

- Repeat sputum cultures were negative x3 during the treatment course
- CT at the end of treatment showed improvement in tree-in-bud opacities but bronchiectasis persisted
- Symptoms significantly improved, although he continued to have occasional cough

What would you do now?

- A. Continue anti-mycobacterial treatment for another 12 months and continue to monitor sputum monthly
- B. Send respiratory culture to assess for bacterial infection (non-mycobacterial)
- C. Prescribe a long-term inhaled corticosteroid to manage the bronchiectasis
- D. Add on a long-term inhaled antibiotic to his current regimen

Thank you!

Please remember to complete the post-test and evaluation
to receive CME credit.