

BRONCHIECTASIS: CLINICAL AND RADIOLOGICAL MANIFESTATION AND QUALITY OF LIFE

Diana Friedrich, Josef Yayan, [Kurt Rasche](#), Urte Sommerwerck

Helios Universitätsklinik Wuppertal, Universität Witten/Herdecke, Bergisches Lungenzentrum, Heusnerstr. 40, D-42283 Wuppertal, kurt.rasche@helios-gesundheit.de

Background: Bronchiectasis have different clinical manifestations. We analyzed the relation between clinical parameters (CRP, leukocytes, lung function, microbiological findings) and quality of life in comparison to the radiological findings.

Methods: In a retrospective study 57 patients with bronchiectasis were analyzed. Demographic, clinical, epidemiological, microbiological, radiological, and quality of life data were evaluated.

Results: Mean age was 66.2 (\pm 13.8) yrs. (28 f., 29 m.). The majority were smokers. Lung function showed only a mild impairment (FEV1 71.1 \pm 22.4% pred., DLCO 59.4 \pm 19.1% pred., KCO 73.99 \pm 21.4% pred.). Major cause of bronchiectasis was post-infectious. The majority of patients were smokers. The main location was the right lower lobe. No relation was found between the radiological findings and other clinical parameters. But there was a relationship between the radiological severity and the physical quality of life.

Conclusions: Clinical parameters are not suitable for estimating the radiological severity of patients with bronchiectasis. But there is a relation between the radiological severity and the physical quality of life indicating that even incidentally diagnosed bronchiectasis can have clinical relevance. The main location of bronchiectasis in the right lower lobe could be a hint, that also aspiration might play a role in the development of bronchiectasis.