



## Allergy and Airway

**SESSION TITLE:** Allergy - Asthma

**SESSION TYPE:** Original Investigation Poster

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### The Effect of Mold Sensitivity on the Clinical Characteristics of Adult Asthmatic Patients

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**PURPOSE:** Previous studies have showed the link between the mold sensitivity and asthma severity. The aim of this study was to explore the effect of mold sensitivity on the clinical characteristics of asthmatics.

**METHODS:** The data was collected from patients regularly followed at least 1 year in the asthma center of a tertiary hospital. The mold sensitivity was evaluated by performing a skin prick test (SPT) with *Aspergillus*, *Alternaria*, *Cladosporium*, *Penicillium* in which the sensitivity to at least one accepted as mold sensitive. Comorbidities, the age at asthma diagnosis, duration of asthma, the numbers of systemic corticosteroid burst (SCB), emergency room (ER) visit and hospitalization were questioned. Asthma control status and pulmonary function test (PFT) were evaluated as a part of the routine procedure.

**RESULTS:** The study group consisted of 143 (F/M: 114/29) with the mean age of  $47.2 \pm 15.3$  years. The mold sensitivity rate was 37.7% (n=54). The polysensitization and AR diagnosis rates were significantly higher in the mold sensitive group (respectively; 85.1% vs. 61.3%,  $p=0.01$  and 94.4% vs. 80.8%,  $p=0.02$ ) The mean asthma duration was significantly shorter ( $5.6 \pm 5.5$  vs.  $8.2 \pm 8.6$  y,  $p=0.03$ ) in the mold sensitive group and the shortest duration was in *Penicillium* sensitive group ( $4.1 \pm 2.8$ ,  $p=0.03$ ). The asthma control status, PFTs and the numbers of hospitalization, ER visit and SCB were not statistically different between two groups.

**CONCLUSIONS:** It was seen that asthma duration, aeroallergen sensitization pattern and presence of AR were affected parameters from mold sensitivity, whereas the other demographic and clinical parameters were not linked to mold sensitivity, unexpectedly.

**CLINICAL IMPLICATIONS:** Mold sensitivity in asthma does not always indicate poor prognosis.

**DISCLOSURE:** The following authors have nothing to disclose: Adile Berna Dursun, Dilek Karadogan, Vehbi Ayhan  
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