

Cryptogenic Organizing Pneumonia: Report of 3 Cases

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Cryptogenic organising pneumonia (COP), is a rare disease also called idiopathic bronchiolitis obliterans with organising pneumonia (BOOP), characterised by histological findings of polypoid masses of granulation tissue in the lumens of small airways, alveolar ducts, and alveoli. Although the pulmonary lesions in COP are mainly intraalveolar, COP was included in the American Thoracic Society/European Respiratory Society International Consensus Classification of the Idiopathic Interstitial Pneumonias. The aim of this study was to investigate the clinical features including history, radiology, pulmonary function (PF) and histological pathology of COP and report its features in our experience for improving the ability of diagnosing and reduce recurring. Methods: Three patients were diagnosed with COP, the mean age was 65 years. Two were men and one woman. All the patients presented with cough and dyspnoea. Fever, anorexia and weight loss were reported in 2 patients, chest pain and haemoptysis in 1 case. There is no finger clubbing. Physical examination disclosed velcro rale on auscultation in all the patients. Lung function tests revealed hypoxemia and restrictive ventilatory defect in 2 patients. Chest radiography showed: bilateral subpleural distributed air-space consolidation and ground glass opacity (2 cases); unifocal region of consolidation in 1 case. In all cases the diagnosis was made by open lung/thoracoscopic biopsy. Two patients were treated with corticosteroids (CS), had a good response and were stable after stop medication. One had spontaneous remission, but after 6 months had recurrence and CS was started. The diagnosis was delayed in all the case (2-8 months), and they took several courses of antibiotics for pneumonia. Conclusion: We should try to get a pathological diagnosis when clinical and image characteristic suspected to COP. Early enough dose of CS after a definite diagnosis could reduce recurring, although the response to CS is generally good, a proportion of patients can experience early or late relapses.

Assessment of Risk of COPD Exacerbations by the Multidimensional Staging Systems

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Chronic obstructive pulmonary disease (COPD) can become the third most common cause of death and the fourth cause of disability in the world by the year 2020. The severity of COPD is currently assessed using a single physiological measurement, the forced expiratory volume in 1 s (FEV1). COPD, however, has complex effects on other aspects of respiratory function and in many patients is associated with important systemic changes. The aim of this study is to compare multidimensional disease ratings in COPD. Methods: 158 consecutive COPD patients were enrolled into the study. The spirometric data (FEV1, FVC, FEV1/FVC), BODE index (BMI, FEV1, MRC, 6 MWD), BOD (BODE without 6 MWD), SAFE (SGRQ, Air-Flow limitation and Exercise tolerance) and HADO (Health-Activity-Dyspnoea-Obstruction) were analyzed. Health-related quality of life was assessed by the Clinical COPD Questionnaire (CCQ) and the St. George Respiratory Questionnaire (SGRQ). Results: The cohort consisted of 78 younger patients, mean age 56.8 ± 3.94 years and 80 older patients mean age 72.2 ± 4.82 . Patients in both groups had the similar severity of COPD by GOLD/ATS/ERS: FEV1, % was $42.7 \pm 14.44\%$ versus $42.3 \pm 12.82\%$ ($p > 0.05$). Pearson correlation coefficient analysis demonstrates in COPD patients a significant positive correlation between the BODE and the rate of COPD exacerbations (in elderly $r = 0.45$, $p < 0.01$ and in younger $r = 0.52$, $p <$