ABPA is not rare in CF patients under 6 years old: Epidemiological data in Greek CF patients for the period 1990–2005

D. Beri1, A. Katelari2, I. Loukou1, T. Zervou1, E. Inglezos1, M. Liatsis2, S. Doundoumaki1. 1 Department of CF, 2 Immunology-Histo compatibility, Agia Sophia Children’s Hospital, Athens, Greece

Introduction: ABPA is a hypersensitivity reaction to Aspergillus fumigatus and a complication of CF. Because ABPA and CF have similar clinical symptoms, the diagnosis is difficult and requires special annual screening with IgE and RAST for Aspergillus in children >6 years old.

Aims: To record the annual incidence of ABPA for the period 1990–2005, to correlate ABPA with gender, age, new X-ray findings, pulmonary function, and Paeruginosa.

Material and Methods: 585 CF patients have been screened annually from the year of their diagnosis with IgE and RAST for Aspergillus.

Results: 25 new cases of ABPA were detected, 16 (64%) of which during the last five years. 17/25 (68%) were boys. 6/25 (24%) were 0-5 years old, 9/25 (36%) 6-10 years, 4/25 (16%) 11-15 years and 6/25 (24%) >16 years. The mean presentation age of ABPA was 10.5 years. 9/25 (36%) children had new findings on chest X-ray examination. The pulmonary function (FEV1), 1 year before the diagnosis, was excellent (>100% pred) in 6/18 (33%) patients, very good (71–100% pred) in 8/18 (44%), good (40–70% pred) in 4/18 (22%). All of the children were colonized with Paeruginosa.

Conclusions: 1) 6/25 (24%) of the children that were diagnosed with ABPA were under 6 years old, indicating that despite the current belief ABPA is not rare at this age group. Therefore, children below 6 years should be routinely screened for ABPA. 2) There is an important clustering of the disease during the last years. 3) 9/25 children presented new pulmonary infiltrations or atelectasis, which usually lead to permanent pulmonary damage. IV) The pulmonary function was excellent or very good before ABPA.

Is there a correlation between pseudo-Bartter syndrome and pulmonary involvement in Cystic Fibrosis?

N. Cobanoglu, S. Pekcan, E. Yalcin, D. Dogru, U. Ozcelik, N. Kiper. Hacettepe University Pediatric Chest Diseases Unit, Ankara, Turkey

Metabolic alkalosis with hyponatraemic, hypochloraemic dehydration which is defined as pseudo-Bartter syndrome (PB) is a frequent presentation or complication of cystic fibrosis (CF) in infants and children. Disturbances of airway surface pH could contribute to the pathophysiology of CF lung disease.

Aim: To determine whether there is a correlation between pseudo-Bartter syndrome and pulmonary involvement in CF patients.

Method: We reviewed the previous data of 194 patients with CF who were treated for PB and of patients with CF who never experienced PB, for the number of intravenous therapy for pulmonary infections, colonization with Pseudomonas aeruginosa and Staphylococcus aureus and the status of pulmonary functions. We used last FEV1 levels for determining the pulmonary involvement.

Results: Of 194 patients with CF, 82 patients were treated for PB and 112 patients were never experienced PB. There was no significant difference between the statistical analysis of the data of two groups, for intravenous therapy of pulmonary infections, colonization with Pseudomonas aeruginosa and Staphylococcus aureus, and pulmonary functions (p values respectively 0.8; 0.1; 0.1 and 0.3).

Conclusion: Experiencing PB does not influence the pulmonary involvement in patients with CF.