

European Respiratory Society Annual Congress 2012

Abstract Number: 2782

Publication Number: P1730

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Infections **Keyword 2:** Bronchiectasis **Keyword 3:** Bronchiolitis

Title: Prevalence of nontuberculous mycobacteria in diffuse panbronchiolitis

Dr. Takahiro 2938 Tsuji t.tsuji@tenriyorozu.jp MD ¹, Dr. Eisaku 2939 Tanaka eisakut@tenriyorozu.jp MD ¹, Dr. Seishu 2940 Hashimoto hassy@tenriyorozu.jp MD ¹, Dr. Takashi 17796 Hajiro takhaj@gmail.com MD ¹ and Dr. Yoshio 27796 Taguchi ytaguchi@tenriyorozu.jp MD ¹. ¹ Respiriology, Tenri Hospital, Tenri City, Nara, Japan .

Body: [Background] Nontuberculous mycobacterial (NTM) lung disease secondary to cystic fibrosis is often reported, but prevalence of NTM in other chronic respiratory tract infection is still unknown. [objectives] We retrospectively investigated prevalence of NTM in diffuse panbronchiolitis (DPB), notorious chronic respiratory tract infection with severe obstruction seen in Japan, and clinical characteristics of DPB with NTM patients. [Methods] We reviewed Mycobacterial culture of 32 DPB patients who regularly visited our hospital (local central hospital with 872 beds) from Jan. 2000 to Dec. 2011. Prevalence was defined as subjects having at least one positive NTM culture. Age, sex, BMI, result of pulmonary function test, immunocompromised state, and time from DPB diagnosis to the first positive result of NTM culture was also investigated. [Result] Of 32 patients, mean age was 51.3 (95% CI 45.9-56.7), follow-up time was 153.8 months (95% CI 107.9-199.6). The overall prevalence of NTM in sputum was 12.5% (4 patients). Of the 4 patients, 4 had positive culture of MAC and 2 had positive culture more than twice. No patients needed treatment for NTM. Mean time from DPB diagnosis to the first positive result was 166.2 months. DPB with NTM patients tended to have smaller BMI and smaller %FEV1 (table 1). The CT findings showed bronchiectasis and multiple nodules.

	NTM Positive	Not Positive	P value
n	4	28	
age	48.3(0.3-96.2)	51.8(46.9-56.6)	.832
%FEV1	48.2(9.1-87.2)	74.1(63.4-84.9)	.078
BMI	17.8(12.1-23.5)	21.3(19.9-22.7)	.076

[Conclusion] NTM infection sometimes occurs secondary to DPB. The CT findings were similar to those of primary nodular/bronchiectatic MAC disease.