

# European Respiratory Society Annual Congress 2013

**Abstract Number:** 4208

**Publication Number:** P873

**Abstract Group:** 5.3. Allergy and Immunology

**Keyword 1:** Asthma - mechanism **Keyword 2:** Inflammation **Keyword 3:** Allergy

**Title:** Airway remodeling and eosinophilic asthma

Mr. John 26660 Elliot john.elliott@health.wa.gov.au<sup>1</sup>, Ms. Robyn 26661 Jones robyn.jones@health.wa.gov.au<sup>1</sup>, Prof. Dr Thais 26662 Mauad tmauad@usp.br<sup>2</sup>, Prof. Dr Michael 26663 Abramson Michael.Abramson@med.monash.edu.au<sup>3</sup>, Dr. Karen 26664 McKay KarenM8@chw.edu.au<sup>4</sup>, Prof. Dr Tony 26666 Bai tbai@shaw.ca<sup>5</sup>, Prof. Dr Francis 26680 Green fgreen@ucalgary.ca<sup>6</sup> and Prof. Dr Alan 26683 James Alan.James.SCGH@health.wa.gov.au<sup>1</sup>. <sup>1</sup> West Australian Sleep Disorders Institute, Department of Pulmonary Physiology and Sleep Medicine, Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia, 6009 ; <sup>2</sup> University Medical School, Sao Paulo University, Sao Paulo, Brazil ; <sup>3</sup> Epidemiology and Preventive Medicine, Monash University, Melbourne, Victoria, Australia ; <sup>4</sup> Respiratory Medicine, Children's Hospital at Westmead, Sydney, New South Wales, Australia ; <sup>5</sup> Respiratory Medicine, University of British Columbia, Vancouver, BC, Canada and <sup>6</sup> Pathology, University of Calgary, Calgary, AB, Canada .

**Body:** Background: Excessive airway narrowing, the cause of asthma symptoms, may arise from different mechanisms in cases of asthma with eosinophils (EA) or without eosinophils (NEA). Aim: To compare the ratio of the airway lumen occupied by mucus (MOR), percent airway smooth muscle shortening (PMS) and airway wall dimensions in cases of EA (n=38), NEA (n=43) and control subjects (n=48). Methods: On sections of airway taken from post-mortem lungs, the area densities of eosinophils and neutrophils within the inner airway wall were calculated (H&E, 5µm). Asthmatics with a mean eosinophil density >5cells/mm<sup>2</sup> were classified as EA. On the same section, MOR, PMS and airway wall dimensions were determined. Results: There were no significant differences in duration, age of onset of asthma or smoking history between case groups, however EA had more severe asthma (more cases of fatal versus nonfatal asthma) than NEA. The thickness of the airway smooth muscle layer was significantly increased in EA cases compared with control subjects in all airway size groups (p<0.05). The thickness of the inner airway wall and reticular basement membrane, MOR, PMS and neutrophil area density were increased in medium and large airways in the EA cases compared with control subjects (p<0.05). These differences persisted when fatal and nonfatal cases were analysed separately. Conclusion: Eosinophilic asthma is characterized by airway wall and airway smooth muscle remodeling with increased mucus within the airway lumen and increased percent muscle shortening. Support: NHMRC of Australia Project Grant #618700.