85. Respiratory manifestations of systemic disease: a holistic approach

PS80
Pleural effusion in hemodialysis patients with chronic kidney disease

Guitti Pourdowlat, Farin Rashid Farokhi
1Chronic Respiratory Disease Research Center, NRIITLD, Masih Daneshvari Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran; 2Department of Nephrology, NRIITLD, Masih Daneshvari Hospital, Shahid Beheshti University of Medical Sciences, Tehran, Islamic Republic of Iran

Background: Uremic patients are susceptible to many causes of pleural effusions. Moreover, uremia directly creates a kind of exudative pleural effusion. Uremic pleuritis has been introduced as a clinicopathologic entity for the past four decades. However, knowledge of pathogenesis, clinical course and management of this complication is still limited.

Materials and methods: In this study, 76 chronic hemodialysis patients with pleural effusion admitted in hospital between June 2005 and May 2011, and evaluated for the etiology of pleural effusion and associated clinicopathological findings. Statistical tests of Chi square, ANOVA and Kruskal Wallis were used to compare patient’s data with the most common etiologies of pleural effusion.

Results: Parapneumonic effusion (23.7%), uremic pleuritis (23.7%) CHF (19.7%) volume overload (6.6%) tuberculosis (6.6%) and malignancy (5.4%) were the most common causes of pleural effusion. There was not any significant difference in the frequency of presenting symptoms such as, Dyspnea, cough, weight loss, anorexia, chest pain and fever, in patients with CHF and uremic pleuritis. Moreover, pleural Adenosine Deaminase levels were not different in patients with tuberculosis, uremic pleuritis, parapneumonic effusion and CHF.

Conclusion: Infectious disease including parapneumonic effusion and tuberculosis can be the most common causes of pleural effusion in hemodialysis patients. This study showed that some inflammatory pleural reactions such as increase in pleural leukocyte count and ADA may be attenuated in hemodialysis patients.

PS81
The prevalence of pulmonary hypertension and the related factors in hemodialysis patients

Ali Sharifpour, Omid Sedighi, Samad Golshani, Fatemeh Mahjoob
Pulmonary, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Islamic Republic of Iran Nephrology, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Islamic Republic of Iran Cardiology, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Islamic Republic of Iran Internal Medicine, Faculty of Medicine, Mazandaran University of Medical Sciences, Sari, Islamic Republic of Iran

Background and purpose: Pulmonary hypertension (PH) has been reported in hemodialysis patients, but there are scant studies about its prevalence and mechanisms. The aim of this study was to determine the prevalence of pulmonary hypertension in hemodialysis patients and to study some of its possible etiologic factors.

Materials and methods: In this cross-sectional study, the prevalence of pulmonary hypertension was determined by Doppler echocardiogram in 100 patients on hemodialysis via arteriovenous fistula at least for 6 months. All the patients underwent a thorough clinical evaluation. The laboratory findings including mean of three-month hemoglobin and serum level of calcium, phosphorus, albumin, alkaline phosphatase, parathormone (PTH), triglyceride and cholesterol were all recorded. Pulmonary hypertension was defined as systolic pulmonary artery pressure higher than 35 mmHg.

Results: Pulmonary hypertension was detected in 44 patients (44%) with a mean
systolic pulmonary artery pressure of 52.09±7.33 mmHg. No significant differences were found between those with and without pulmonary hypertension with regard to age, gender, duration of hemodialysis and all the biological parameters.

Pulmonary hypertension in CRF patient

<table>
<thead>
<tr>
<th>M±SD</th>
<th>Number</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>52.09±7.33</td>
<td>44</td>
<td>SPAP&gt;35</td>
</tr>
<tr>
<td>38.91±3.98</td>
<td>56</td>
<td>SPAP&lt;35</td>
</tr>
<tr>
<td>38.12±6.17</td>
<td>100</td>
<td>Total</td>
</tr>
</tbody>
</table>

Conclusion: This study demonstrates a high prevalence of pulmonary hypertension among patients receiving chronic hemodialysis via arteriovenous fistula.

PS82 Prevalence of pulmonary hypertension in patients undergoing hemodialysis

Abbas Fadaei1, Fatema Hamidfamim1, Bahar Taherkhani1, Bahador Bagheri1,2, Shidad Behebshi Medical University, internal Medicine, Tehran, Islamic Republic of Iran; 2Pharmacology, Tabriz Medical University, Tabriz, Islamic Republic of Iran

Introduction: Pulmonary hypertension (PH) is one of the most important untoward effects of hemodialysis in end stage renal disease (ESRD) patients. Prevalence of hemodialysis-induced pulmonary hypertension is still a subject of debate. The goal of the present work was to determine prevalence of PH in patients who undergo hemodialysis.

Methods: This study was done in hemodialysis ward of Tehran Labbafi Nejad hospital. During 2010, 400 ESRD patients who underwent hemodialysis for at least six months were studied. The exclusion criteria were as follows: cardiac disease with effect on pulmonary artery pressure, pulmonary disease (e.g. COPD), smoking and using calcium channel blockers. Baseline and clinical characteristics of subjects were recorded. Pulmonary pressure was measured by cardiologist using echocardiography. Pulmonary artery pressure (PAP) higher than 35 mmHg was considered pulmonary hypertension.

Results: Results are presented in mean ± SD. 5% of patients were male and mean was 59±18 yr. The most common cause of ESRD was diabetes mellitus (35%). Duration of hemodialysis was 24±17 months. None of the patients had previous history of kidney transplantation. Mean of Ejection fraction and PAP were 57±4% (44-73) and 39±6 (25-70) mmHg, respectively. 66% patients had pulmonary hypertension. All of them had long duration of dialysis and low EF (56.5%) (P<0.008). They were older than other subjects (63±16). No significant difference was observed about causes of renal diseases, gender and drugs.

Conclusion: Our findings show that PAP is associated with duration of dialysis, age and EF. Due to high prevalence of pulmonary hypertension, it is necessary to screen this disorder and diminish its untoward effects.

PS83 Pleural effusion in chronic kidney disease: An ongoing dilemma

Somnath Kundu1, Subrita Mitra2, Souvik Ray1, Subhasis Mukherjee4, Ritabatra Mitra3, Joydeep Ganguly1. 1Department of Respiratory Medicine, IPGME&R and SSKM Hospital, Kolkata, WB, India; 2Department of Respiratory Medicine, Calcutta National Medical College and Hospital, Kolkata, WB, India; 3Department of Respiratory Medicine, BS Medical College & Hospital, Bankura, West Bengal, India; 4Department of Respiratory Medicine, College of Medicine & Sagor Data College, Kolkata, WB, India

Background: Pleural effusion among patients of chronic kidney diseases (CKD) is an ongoing dilemma to nephrologists and pulmonologists especially in developing countries where tuberculosis is a common cause of pleural effusion. While uremic effusion is a diagnosis of exclusion, the sensitivity and specificity of various modalities of diagnosis of tuberculous effusion vary.

Methods: A prospective cross-sectional observational study of all adult patients of pleural effusion with either CKD (stages 3 to 5) or renal transplant attending a tertiary-care institute in eastern India was performed over a year. An analysis of the etiological profile, clinical characteristics and treatment modalities of pleural effusion in CKD was carried out.

Results: 430 CKD (stages 3 to 5) patients and 34 post renal transplant patients were evaluated during the study period. Incidence of pleural effusion was 6.74% (20/340) in CKD patients and 5.88% (234) in post transplant patients. Exudative effusion was slightly more predominant (51.6%, 16 of 31) but heart failure remained the single most common etiology (41.9%, 13 of 31).Tuberculosis (n=8, 25.8%) and uremic effusion (n=6, 19.4%) were the most common causes of pleural effusion. In 12 patients (37.5%), tuberculosis was associated with other etiologies of pleural effusion.

Conclusion: Symptomatic pleural effusion was present in 6.74% patients of CKD (stages 3 to 5) and in 5.88% of post transplant patients. Heart failure, tuberculosis and uremic effusion accounted for 41.9%, 25.5% and 19.4% cases respectively. Differentiating tuberculosis from uremic effusion requires a combined clinico-pathological approach and this differentiation is absolutely necessary in view of its strong therapeutic implications.

PS84 Predictors of pulmonary artery hypertension in patients with systemic sclerosis

M.C. Sabir, Shahjahan P. Salaman, Davis Paul Chelangara, Nikhila K. Govind, Aneesh C. Ratheendran, Raghunadhan P. Vijayan. Pulmonary Medicine, Medical College, Kottayam, Kerala, India

Introduction: Pulmonary Arterial Hypertension (PAH) is the leading cause of death in patients with systemic sclerosis. Newer treatment modalities have improved the outcome; hence the early identification of this complication is important.

Aim: To study the predictors of PAH in patients with Systemic Sclerosis who attended the out patient service of Pulmonary Medicine, Medical College, Kottayam.

Methods: We studied 28 cases of systemic sclerosis. 18 patients had diffuse form, 8 had overlap syndrome and 2 had limited form of the disease. All patients were evaluated by spirometry, DLCO, HRCT of the lungs, and echocardiography examination. They were grouped to different forms by clinical examination and by antibody detection. Statistical study was done using independent t test and chi-square test.

Results: All 28 patients were females. Among the diffuse form 13 patients (72%) had interstitial lung disease (ILD) and 6 patients (33%) had PAH. Among patients with overlap syndrome (including PSS) 5 had ILD (63%) and 3 had PAH (38%). No patient with limited form had ILD, but all the two had PAH (100%). Among 18 diffuse form 6 patients had PAH and their mean FVC is 52.6% and mean DLCO of 29%.

Conclusions: Patients without PAH had a mean FVC of 53.0% and a mean DLCO of 46%.


PS85 Respiratory problems in late onset Pompe disease

Mehtap Ertas, Zuleyha Bingol, Gulten Okumus, Piraye Serdaroglu, Esen Kiyan. Pulmonary Department, Istanbul University Istanbul Medical Faculty, Istanbul, Turkey, Neurology Department, Istanbul University Istanbul Medical Faculty, Istanbul, Turkey

Introduction: Pompe disease (glycogen storage disorder type II) is associated with functional deficiencies in skeletal, heart and respiratory muscles due to glycogen deposition. While progression and mortality rates are fast in early onset (first year) Pompe disease, late onset (adult) Pompe disease is related with slow progression and proximal myopathy. In this disease respiratory muscle involvement is independent from severity of skeletal muscle weakness. Here, we present the respiratory evaluation of 10 patients with Pompe disease who are followed up in our clinic.

Table 1. Characteristics of the patients

<table>
<thead>
<tr>
<th>Patient No.</th>
<th>Gender</th>
<th>Age</th>
<th>FVC</th>
<th>FVC difference</th>
<th>PIMPEM</th>
<th>PaO2/PaCO2</th>
<th>AH/MT CO2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>30</td>
<td>52%</td>
<td>37%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>59</td>
<td>52%</td>
<td>37%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>60</td>
<td>77%</td>
<td>35%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>58</td>
<td>50%</td>
<td>35%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>50</td>
<td>59%</td>
<td>25%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>50</td>
<td>59%</td>
<td>25%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>50</td>
<td>59%</td>
<td>25%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>50</td>
<td>59%</td>
<td>25%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>50</td>
<td>59%</td>
<td>25%</td>
<td>28/36</td>
<td>30/34</td>
<td>1/1</td>
</tr>
</tbody>
</table>

Conclusions: Respiratory muscle involvement especially diaphragm muscle dysfunction and respiratory disorders in sleep are common in late onset Pompe disease even the respiratory symptoms are recessive.

PS86 Ankylosing spondylitis: Pulmonary manifestations

Farnaz Karakus1, Aylin Rezvan2, Muhammet Emin Akkoyunlu1, Mehmet Bayram3, Hatice Kutbay Ozcelik1, Murat Sezer1, Levent Kari1, 1Department of Chest Disease, Bezmialem Vakif University Medical School, Istanbul, Turkey; 2Department of Physical Therapy and Rehabilitation, Bezmialem Vakif University Medical School, Istanbul, Turkey

In present study we aimed to assess the spirometric and pulmonary radiological findings of the patients with ankylosing spondylitis.
**PS89**

Assessment of dyspnoea in patients with liver cirrhosis  
Olga Corlateanu, Eugen Tcaciuc, Alexandru Corlateanu, Angela Tcaciuc.  
Internal Medicine, State Medical and Pharmaceutical University "Nicolaou Testenitina", Chisinau, Republic of Moldova

Background: Pulmonary involvement is a common complication of liver cirrhosis, mainly owing to a decreased hepatic clearance of toxins or increased hepatic production of circulating inflammatory mediators. The connection between the severity of lung manifestations and liver impairment is not well characterized.

The aim of this study was to evaluate and detect predictors of dyspnoea in patients with liver cirrhosis according to the Child-Pugh score.

Methods: A total of 40 patients with liver cirrhosis were enrolled into the study. Spirometry (FEV1, FVC, FEV1/FVC), hemoglobin levels, dyspnoea by BORG scale, exercise capacity by 6-min walking test (6MWT), blood gas analysis were evaluated.

Results: The patients were classified into three groups, according to the Child-Pugh score: severe (C), moderate (B), mild (A). There were significant differences in the prevalence of dyspnoea between the groups (p < 0.05).

Conclusion: The presence of liver cirrhosis is an important predictor of dyspnoea.

**PS90**

Evaluating airway obstruction in patients admitted to general medicine wards by bedside spirometry  
Pavan Yadav1, J. K. Samaria2, Moosa Hussain 3.  
1Dept. of Chest Diseases, Instrt of Medical Sciences, Banaras Hindu University, Varanasi, UP, India; 2Dept. of Chest Diseases, Instrt of Medical Sciences, Banaras Hindu University, Varanasi, UP, India; 3Dept. of Chest Diseases, Instrt of Medical Sciences, Banaras Hindu University, Varanasi, UP, India

Background: Airway obstruction is an important differential diagnosis, which should be considered in any patient having risk of aspiration and a HRCT showing diffuse bronchiolitis.

Methods: A cross-sectional study of 52 patients admitted to medical ward of a tertiary hospital was performed in each of these patients after taking consent and recording a detailed history.

Results: A remarkable 52% of the patients were found to have airway obstruction (FEV1/FVC<70%) on performing spirometry, including 11.5% with very severe (FEV1 < 30%), 17.3% with severe (FEV1 30%-49%), 11.5% with moderate (FEV1 50%-69%) and 9.6% with mild (FEV1 70%-79%) obstruction respectively. A diagnosis of obstructive airway disease was present only in 26% of these patients at the time of admission. A considerably higher prevalence of airway obstruction than average was observed in patients admitted for respiratory (70%), cardiac (62.5%) and neurological (58.8%) disorders, while a lower prevalence was seen in those with nephrological (40%), haematological (0%) or other (70%) conditions. This study attempts to assess airway obstruction in patients admitted in general medicine wards.

Conclusion: Bedside spirometry is a simple and useful tool to assess airway obstruction and can be performed in each of these patients after taking consent and recording a detailed history.
An 85 year old lady presented with breathlessness and hypoxia attributable to her worsening kypho-scoliosis is a novel and poorly understood in an elderly lady as a result of ‘unmasking’ of a patent foramen ovale (PFO) arteriovenous or pulmonary parenchymal shunt. It’s first clinical manifestation Introduction:

3.8%), alveolar hemorrhage (2 cases, 3.8%), and/or others (10 cases, 19.2%). Six pneumonitis (3 cases, 5.7%), acute respiratory distress syndrome (ARDS, 2 cases, 3.8%), and drug-induced pneumonitis. The aim of this study is to clarify pulmonary complications in patients with hematologic diseases.

Methods: We included 60 consequent, non-smoking, adult patients, with history of cough longer than 8 weeks, with normal chest radiograph. We used the Carls- son questionnaire (CQ), assessment of abnormalities in larynx mucosa (Belafsky questionnaire (CQ), assessment of abnormalities in larynx mucosa (Belafsky sonographic (CQ), assessment of abnormalities in larynx mucosa (Belafsky bronchoscopy). Positive results of CQ and RFS were observed in 13 and 30/58 cases respectively. Mean calculated RFS was 11.7 points. Esophageal hernia or reflux during radiography was shown in 6 and 7/54 pts, respectively. Increased esophagus exposure to acid reflux was diagnosed in 43/58 pts using pH monitoring alone, and in 37/44 on the basis of MI. Time-relationship between GER and cough was found in 23 and 21 cases, respectively. MI probe was slightly worse tolerated. Conclusions: Diagnosis of GER was most frequent on the basis of RFS and MI. Combination of few methods allows to recognize GER more precisely. The time relationship between GER and cough, can be assessed by not all used devices by users.

P592 Platypnea-orthodeoxia syndrome precipitated by kypho-scoliosis: An unusual case of refractory hypoxia

An 85 year old lady presented with breathlessness and hypoxia attributable to her worsening kypho-scoliosis is a novel and poorly understood in an elderly lady as a result of ‘unmasking’ of a patent foramen ovale (PFO) arteriovenous or pulmonary parenchymal shunt. It’s first clinical manifestation

Introduction: Platypnea-Orthodeoxia syndrome is caused by intra-cardiac, pulmonary arteriovenous or pulmonary parenchymal shunt. It’s first clinical manifestation in an elderly lady as a result of ‘unmasking’ of a patent foramen ovale (PFO) attributable to her worsening kypho-scoliosis is a novel and poorly understood presentation.

Case Summary: An 85 year old lady presented with breathlessness and hypoxia (PaO2-5.6kPa, PaCO2-5.2kPa, pH-4.1). Clinical examination was normal apart from marked kypho-scoliosis. Her ECG, chest X-ray, High resolution chest CT, CT pul- monary Angiogram, Ventilation/Perfusion scans and Trans-thoracic ECHO were all normal within limits. In particular, she had normal pulmonary pressures. Her lung functions demonstrated a restrictive defect with a normal single-breath diffusion capacity of carbon monoxide. She subsequently exhibited orthodeoxia prompting a ‘bubble’ ECHO study. This revealed a large PFO with a prominent ‘right to left’ shunt, confirmed on Trans-oesophageal ECHO. Pecutaneous transcatheater closure of the PFO reduced her oxygen saturation to within normal limits enabling rehabilitation.

Discussion: Symptomatic Platypnea-Orthodeoxia syndrome without pulmonary hypertension can be caused by altered intra-thoracic anatomy and physiology. It is postulated that kyphoscoliosis resulting in right atrial compression and alteration to caval flow may result in ‘right to left’ shunt unmasking a ‘silent’ PFO. PFO’s, occurring in 10-20% of adults, are largely asymptomatic. However, with a growing geriatric population and increasing incidence of spinal deformities such curable possibilities must be included in differentials of otherwise unexplained hypoxia.

P593 Pulmonary complications in patients with hematologic diseases

Patients with hematologic diseases may complicate with various respiratory dis-

Hiroshi Okihara, Kazu Togitani, Mizu Sakai, Ayuko Taniguchi, Anna Domeracka-Kolodziej2, Elzbieta Wiatr1, Kazimierz Roszowskii-Szl1, Kazumi Togitani, Mizu Sakai, Ayuko Taniguchi. The bronchial biopsy demonstrated epithelial displasia and fibrosis stroma with dysplasia and in 37/44 on the basis of MI. Time-relationship between GER and cough was found in 23 and 21 cases, respectively. MI probe was slightly worse tolerated. Conclusions: Diagnosis of GER was most frequent on the basis of RFS and MI. Combination of few methods allows to recognize GER more precisely. The time relationship between GER and cough, can be assessed by not all used devices by users.

P594 Tracheobronchopathia osteochondroplastica – Analysis of 10 years period

Mülsi Nanhodi, Jolanda Nikolla, Hasan Hatir, Internal Medicine, University Hospital of Respiratory Diseases “Sh. Ndroqi”. Tirana, Albania

Background: Tracheobronchopathia osteochondroplastica (TO) is a pulmonary orphan disease and consists at the presence of multiple osseseous or cartilaginous nodules localised in the submucous of the tracheobronchial wall. These nodules protrude into the lumen of the trachea and the large bronchi, leading to the airway obstruction. The disease does not involve other organs.

Method: We studied in retrospective all cases of TO diagnosed with fiberoptic bronchoscopy for the period 2001 - 2011. In our hospital we realise approximately 1200 bronchoscopies per year.

Results: We found 17 cases, 52% were female and 48% male. The average age was 40.6 years, 42% were smokers (40-70 UPA) without family history for TO. The duration of symptoms till the diagnostic was 2.3 years. The most frequent symptoms were: cough 100%, spumum 64%, dyspnea 41%, haemoptisis 5%, and erythema nodosa 5%. The laboratory findings demonstrate an increase of sedi-

ment in 58% of cases, 11% leucocytosis and all the others were normal. Proteus mirabilis was the most frequent microbe in the respiratory tract (17%). Functional respiratory tests resulted: 35% obstruction, 11% restriction, 5% mixed and 17% normal. The bronchial biopsy demonstrated epithelial displasia and fibrosis stroma with inflammatory elements. One case was accompanied with bronchial cancer. The treatment was with antibiotics and symptomatic.

We didn’t have the possibility to realize FBS reevaluation for judging the disease’s evolution.

Conclusions: TO present frequently with chronic or acute non specific respiratory symptoms, but with pathognomonic characteristic features in FBS. Thoracic CT scanner is a non invasive diagnostic method. The treatment is symptomatic.

P595 Comorbidities in 1779 sarcoidosis patients – 4 years experience in National Tuberculosis and Lung Diseases Research Institute in Warsaw, Poland

Marta Dabrowska1, Rafał Krenke1, Ryszarda Chazan 1. Anna Domeracka-Kolodziej2, Elzbieta Wiatr1, Kazimierz Roszowskii-Sz1, Jolanda Nikolla, Hasan Hatir, Internal Medicine, University Hospital of Respiratory Diseases “Sh. Ndroqi”. Tirana, Albania

Sarcoidosis is a systemic granulomatous disease. However the changes in the respiratory tract are most common, granulomas can involve any other organs. Other comorbidities may affect the course of disease and additionally impair quality of life. The aim of study was to evaluate the incidence of comorbidities and its relationship with extent of disease in a large group of sarcoidosis patients diagnosed or followed up in National TB & Lung Diseases Research Institute in Warsaw.

Method: Retrospective analysis of database patients discharged with the final diagnosis “sarcoidosis” (ICD-10: D86) and assessment of additional diagnoses reported at the time of discharge. The analysis covered the period from 01/2008 to 10/2011.

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Thematic Poster Session Halle A-5 - 12:50 - 14:40

SUNDAY, SEPTEMBER 2ND 2012
P596
Pulmonary alveolar proteinosis due to mycophenolate and cyclosporine combination therapy in a renal transplant recipient
Ashfaq Hasan, T.L.N. Swamy, Raja Ram. Department of Respiratory Medicine, Owaisi Hospital and Research Centre, Hyderabad, AP. India Department of Pulmonary Medicine, Care Hospital, Hyderabad, AP. India Department of Nephrology, Deccan College of Medical Sciences, Hyderabad, AP, India

Since the first case of Pulmonary Alveolar Proteinosis (PAP) was described in 1858 about 500 cases have been reported. We describe a case of PAP occurring in a renal transplant recipient due to mycophenolate and cyclosporine combination therapy. Five years ago, a diagnosis of acute-on-chronic kidney disease was made in a 36 year old woman who eventually underwent renal transplantation then triple-drug immunosuppression. Subsequently she was in maintenance regimen with mycophenolate and cyclosporine. Several years ago, she had been treated for tuberculosis of the cervical lymph nodes. Chest X-ray showed a bilateral peripheral infiltrate sparing the costophrenic angles. CT-scan showed bilateral diffuse ground-glass haziness with superimposed interlobular septal thickening, predominantly in the perihilar areas (Figure 2).

Transbronchial lung biopsies showed dilated alveoli filled with PAS-positive granular eosinophic material with deeply eosinophilic structures, resistant to de-colorization with diastase, consistent with alveolar proteinosis. The appearance of the symptoms after a few months of the commencement of immunotherapy suggested causality. Immunosuppressive agents are capable of decreasing macrophage numbers and use of these agents in the post renal-transplant patient has been known to produce PAP. This patient was prescribed a combination of mycophenolate and cyclosporine.

P597
Effect of respiratory pathology on the quality of life for patients, suffering from rheumatoid arthritis
Tatyana Pertseva, Lyunya Botvinikova, Yliana Guba. Internal Medicine Department, Dnepropetrovsk Medical Academy, Dnepropetrovsk, Ukraine

Aims: To study the influence of pulmonary pathology on the quality of life (QoL) in patients suffering with rheumatoid arthritis (RA).

Methods: 58 patients with RA (42 women, middle age 57.1±3.17) were investigated by routine, clinical, functional tests and were divided into 2 groups: 1st - 31 patients who had the respiratory discomfort (breathlessness, cough) and 27 patients without respiratory symptoms (and any disturbances of the function of external breathing). Spirometry, saturation, weakness of respiratory muscles, multirespiral CT-scan were used for assessing of clinical and functional parameters of respiratory status and St. George Respiratory Questionnaire (SGRQ) for assessing QoL.

Results: Significant decreasing of the QoL for patients with RA in comparison with patients of the control group and the general population: the low level of QoL was registered in all scales in the patients of the 1st group - (Symptoms 68.5±4.41, Activity - 60.2±3.45, Consequences - 63.4±4.11, total score was correspondently decreased: 49.5±4.2). Primary reason of lowering indexes of the SGRQ in patients with RA was a dyspnea. Established multifactor origin of dyspnea in patients with RA upon significant role of lung pathology, which registered in RA-patients.

Conclusions: Pulmonary pathology shows unpleasant effect on QoL and level of general health of patient with RA, significantly decreased them. The perspective direction for increasing the QoL for patients with RA with pulmonary pathology depends on saving the respiratory function of lungs, adequate control of the activity of the RA, correction of violations of psychoemotional disorders and depressive level of patients.

P598
Venous thromboembolic disease and bronchial cancer

Venous thromboembolic disease (VTED), defined by the occurrence of a deep thrombosis and/or lung embolism. It is a frequent complication of cancer, particularly during chemotherapy. On average, it occurs with 15 to 20% of the patients, and is one of the main causes of death (one hospitalized cancer patient out of seven). We have retrospectively evaluated the occurrence of VTED in 139 bronchial cancer patients treated at the pneumology service of CHU Bab El Oued over a twelve-month duration. The incidence was of 8.6% (twelve cases out of 139), 50% of the VTED were present at the time of diagnosis and 50% appeared during the three following months. Among the twelve VTED diagnosed cases (three women and nine men), we found a predominance of the adenocarcinoma type (41.66%). All cases were stage III and IV and had received chemotherapy, with complementary surgical treatment for two patients. The twelve VTED cases had received an anticogulant treatment with six deaths occurring after six months of treatment, three recovers and three patients still under anticoagulants.

In conclusion: bronchial cancer predisposes the occurrence of a venous thromboembolic event which, once associated to neoplasia, is a factor of high mortality risk. VTED is more frequent with advanced stages bronchial cancer patients, in adenocarcinoma and with patients under chemotherapy. Response to anticogulant treatment is uncertain and death can occur after stopping the treatment, which justifies discussing the continuance of anticoagulants, and sometimes even their prescription as preventive treatment.

P599
Nutritional status in patients with bronchiectasis
Leila Boussoffara, Nadia Bouawara, Imen Touil, Mouna Ben Khelifa, Moumita Sakka, Ialeb Knani. Pneumology Department, Tahar Sfar Hospital, Mahdia, Tunisia

Introduction: The association between nutritional depletion and chronic respiratory diseases has been recognised for years and mainly documented in chronic obstructive pulmonary disease. However little information is available regarding nutritional depletion in patients with bronchiectasis.

Aims of the study: This study was carried out to determine the nutritional status in patients with bronchiectasis and the relationship between the extent of these bronchiectasis on the C-T scan and nutritional depletion.

Methods: In 45 patients with bronchiectasis, body mass index (BMI), serum albumin, C-reactive protein and spirometry were performed.

Results: BMI was <20 kg/m2 in 17% of patients and serum albumin was <35g/l in 15% of patients. C-reactive protein was >5mg/l in 80% and were higher essentially in patients who had more than one pulmonary lobe affected by bronchiectasis. BMI was not correlated to the extent of bronchiectasis, but serum albumin was correlated with p=0.02. BMI and serum albumin were not correlated with Post-bronchodilator FEV1 and long-term oxygen therapy.

Conclusion: Malnutrition is coming to be highly prevalent in patients with bronchiectasis. Assessing this nutritional depletion may be offers benefits to patients with bronchiectasis.