Prevalence of pulmonary hypertension in chronic myeloproliferative diseases

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To evaluate the incidence of pulmonary hypertension (PH) in essential thrombocythemia (ET) and polycythemia Vera (PV), which are chronic myeloproliferative disorders, 70 patients (55PV+15ET), who have no co-morbidity causing PH, were prospectively evaluated. All patients had echocardiography done by the same cardiologist, spirometry and DLCO. Two parameters were used for PH: mean pulmonary artery pressure (PAP) calculated by Mahan formula≥25 mmHg and right ventricular systolic pressure (RVSP)≥35 mmHg. For the first parameter, 3 (4.3%) patients (1ET, 2PV) and for the second parameter, 4 (5.7%) patients (2ET, 2PV) had PH. Patients’ characteristics are reported in the table.

Conclusion: When compared with the previous few studies done by small populations, PH incidence in our study was found very low. This result may be related...
Concentration of bronchoalveolar interleukin-1 beta was borderline in treated CAP.

Methods: 445 adult patients (36.5±13.5 years) were hospitalized with a suspected influenza A (H1N1) from October 2009 to January 2010. In 84% of cases diagnosis was confirmed by RT-PCR test. Clinical, laboratory, and X-ray examinations, complex study of respiratory function were carried out. Given the threat of influenza pandemic in 2011 the aim was the study of detection frequency, risk factors for lung damage, and features of convalescence period in patients with severe influenza A (H1N1).

Results: The average score on Charlson index was 1.55±0.90. In 181 patients pneumonia was diagnosed, double pneumonia - in 23% of cases. Acute respiratory distress syndrome developed in 12 patients and they needed in ventilation support. Four patients died within 20 days (IQR of 10-25). The relative risk of death was associated with higher estimates for Charlson index (RR 1.38; 95% CI 1.04 to 1.82, p=0.02) and APACHE II scale (RR 1.242; 95% CI 1.284 to 1.602, p=0.005).

In convalescents the increased lung pattern on radiographs (39%), decreased lung diffusion capacity (45%), restrictive changes (15%) were the most frequent and long-lasting changes. 28% of patients having these changes applied for medical care within 6 months after being discharged.

Conclusion: The high score on Charlson index and APACHE II scale are risk factors for development of severe pneumonia in presence of influenza A (H1N1). Changes of ventilation functional tests associated with persistent disorders of pulmonary circulation remain for long time in 45% of patients undergoing pneumonia. This group of patients is of particular interest and requires further observation.

2987 Specialist palliative care is more than drugs – a retrospective study of ILD patients
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Background: Little is known about the palliative care needs of patients with Progressive Idiopathic Fibrotic Interstitial Lung Disease (PIF-ILD). As part of a study to develop a complex palliative intervention at the end of life, we retrospectively studied patients dying in 2 London Hospitals.

Aims: To assess the palliative care needs and management of PIF-ILD patients in 2 London ILD centres.

Methods: Patients’ records from Royal Brompton Hospital (RBH) and King’s College Hospital (KCH) were extracted to assess palliative care needs, use of palliative treatments and whether end of life preferences were documented and achieved.

Results: 45 PIF-ILD patients were identified (26 RBH,19 KCH). Patients at RBH achieved.

Palliative treatments and whether end of life preferences were documented and achieved.

Conclusion: Despite demographic variation, the patients experienced similar symptoms. There was use of standard pharmacological treatments with symptom control. Nearly all patients had preferred place of care (4/25) or preferred place of death (6/25). All patients given opioids (22/45) or benzodiazepines (8/45) had documented benefit. Non-pharmacological treatments were seldom used and documentation of preferred place of care and death was poor.

2988 Community-acquired pneumonia in pediatric patients with connective tissue disorders: Manifestations and clinical course
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Objective: To assess the relationship between concentrations of bronchoalveolar cytokines and bacterial burden in children with CAP

Methods: 58 children were divided into two subgroups: referral (n=28), and treated (n=30) CAP. Bronchoalveolar lavage was performed in the most abnormal area on chest radiograph by fiberoptic bronchoscope.Bronchoalveolar lavage fluid was processed for quantitative bacterial culture. The concentrations of bronchoalveolar lavage cytokines (tumor necrosis factor-alpha, interleukin-1 beta, interleukin-6, interleukin-8, and interleukin-10) were also measured.

Results: Thirty-two patients had a positive bacterial culture (bronchoalveolar lavage > or = 10 colony-forming units/mL), and made up 76% of pathogens recovered at high concentrations. The concentrations of bronchoalveolar lavage interleukin-1 beta were 181.1±63.3 and 45.4±11.06 pg/mL, (mean ± SE) in the children with positive and negative bacterial culture, respectively (p=0.001). Bronchoalveolar lavage interleukin-1 beta was significantly higher in the children with a high bacterial burden (p=0.001), with mixed bacterial infection (p<0.001), and with CAP (p<0.001), compared with values in patients without these features. The relationship between bacterial load and concentrations of bronchoalveolar lavage interleukin-1 beta was very strong in the children with referral CAP but was borderline in treated CAP.

Conclusions: Concentration of bronchoalveolar lavage interleukin-1 beta was correlated with bacterial burden in the alveoli, it may be a marker for progressive and ongoing inflammation in children who have not responded to CAP therapy.
clinical course of community-acquired pneumonia (CAP) in pediatric patients that leads to diagnosis and therapeutic mistakes.

**Aim:** To study role of CTD in CAP clinical course in children.

**Methods:** 171 children aged 0-18 years with CTD and CAP were observed. CAP was clinically and radiographically diagnosed with detection of serum antibodies (IgG and IgM) against intracellular pathogens measured by enzyme-linked immunosorbent assay (ELISA) and PCR.

**Results:** Recurrent course of CAP (with 3 and more episodes in 5-year period of study) was in 106 (61.9%) patients and in all cases followed a viral respiratory infection. 156 (91.2%) children had abnormal perinatal history. Asthma (A) was diagnosed in 59 (34.5%) children. CAP caused by *Mycoplasma pneumonia* (Mp) was in 88 (51.5%) patients; by *Cytomegalovirus* (Cmv) and Mp – in 42 (24.5%); by *Chlamydia pneumonia* (Cp) – in 18 (10.5%); by Cp and Mp – in 33 (13.5%) patients. 78% of patients with A, CTD and CAP and 53.6% of patients with CTD and CAP had pulmonary hypertension (PH). 76.4% of patients with recurrent CAP demonstrated radiographic and clinical evidence of pulmonary fibrosis (PH), 30.2% of them had A. 12.5% of children with A, CTD, recurrent CAP and PF had CT evidence of development of pneumatocele (PC).

**Conclusions:**
1. Manifestations of CTD were in all children with CAP.
2. All patients with CTD and recurrent CAP had abnormal perinatal history.
3. High frequency of PH and PF was observed in patients with CTD and recurrent CAP.
4. 12.5% of children with A, recurrent CAP, CTD and PF had evidence of development of PC.

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### Oral Presentation

**Oral Presentation**

**Room D203-204 - 14:45-16:45**

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