

### **6.13 An Audit of screening of aetiological tests in adults with diagnosis of non-CF bronchiectasis.**

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Bronchiectasis is a disorder characterised by abnormal dilation of bronchi and a clinical syndrome of breathlessness, cough, sputum production and recurrent respiratory tract infections. HRCT thorax is the most appropriate diagnostic test when bronchiectasis is suspected. The critical first step following diagnosis of bronchiectasis is to determine the underlying cause. The European respiratory society guidelines recommend minimum bundle of aetiological tests with a new diagnosis of bronchiectasis that includes, differential blood count, serum immunoglobulins (total IgG, IgA and IgM), test for allergic bronchopulmonary aspergillosis (total IgE, specific IgE and IgG to aspergillus) and test for non-tuberculous mycobacteria (NTM) by sending sputum for AFB. Other tests are guided by history, clinical presentation and physical exam. The aim of our audit to see if the patients who had confirmed diagnosis of bronchiectasis had screening with minimal bundle of aetiological tests according to ERS bronchiectasis guidelines. A total of ten patients with known diagnosis of bronchiectasis were admitted in Peamount respiratory unit for pulmonary rehab in May 2022. All patients had confirmed diagnosis of bronchiectasis on Ct thorax. We retrospectively reviewed in our lab data if these patients had screening with minimal bundle of aetiological tests. The results showed that all 10 patients had test for differential blood count, serum immunoglobulins and sputum for culture and sensitivity. Out of 10 only 6 patients had test for allergic bronchopulmonary aspergillosis and 7 patients had sputum test for NTM. This audit showed that there was a lack in screening test for aspergillosis and non-tuberculous mycobacteria. We recommend that all patients with new diagnosis of bronchiectasis should be screened with minimal bundle of aetiological tests according to ERS guidelines and other tests should be performed based on the clinical presentation. These tests can considerably alter the clinical management of bronchiectasis.

Reference.

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**Conflict of Interest:** None to declare