HOW IS IT TREATED?

Bronchiectasis is a chronic condition and often requires lifelong treatment. The treatment will depend on the severity of the condition.

The aim of the treatment is to clear the mucus from the chest and to prevent further damage to the lungs by reducing the impact of infections when they occur (e.g. colds or influenza). This can be done through:

- Antibiotics
- Chest physiotherapy—to clear secretions and mucus from the airway
- Regular exercise
- Nebulized hypertonic saline (a salt water mist inhaled into the lungs)

Keeping vaccinations up to date and according to the current schedule and recommendations is warranted.

This brochure is one in a series produced by the Australian Paediatric Surveillance Unit (APSU) to provided information on lung disease, its treatment and related issues.

The content for this brochure on Non-Cystic Fibrosis Bronchiectasis was developed in collaboration with respiratory clinicians from The Sydney Children's Hospitals Network according to the latest research information available at the time of printing.

The APSU conducts national surveillance for rare diseases including rare lung diseases. To learn more please visit: www.apsu.org.au

The information in this brochure is designed to be used as a guide only, is not intended or implied to be a substitute for professional medical treatment and is presented for the sole purpose of disseminating information to reduce lung disease.

Please consult your family doctor or specialist respiratory physician if you have further questions relating to the information contained in this leaflet.

Non-Cystic Fibrosis Bronchiectasis

Information for Parents

Australian Paediatric Surveillance Unit

USEFUL RESOURCES

- NSW Ministry of Health Immunisation Schedule
http://www.health.nsw.gov.au/immunisation/Documents/nsw_schedule_july_13.pdf

- The Australian Lung Foundation
http://www.nevdgp.org.au/info/lungf/bronchiectasis-health.html

Website: www.apsu.org.au

Email: apsu@chw.org.au

Telephone: 02 9845 3005

Fax: 02 9845 3082

Mail: APSU, Kids Research Institute
Locked Bag 4001
Westmead NSW 2145

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Australian Paediatric Surveillance Unit

The Sydney children's Hospitals Network
care, advocacy, research, education

WHAT IS NON-CYSTIC FIBROSIS (NON-CF) BRONCHIECTASIS?

Non-CF bronchiectasis is a condition in which the bronchial tubes in the lungs are scarred and widened.

This results in mucus pooling and making the areas prone to infection.

Recurrent infections can initiate a vicious cycle causing more injury to the bronchial tubes and surrounding lung tissues.

WHAT CAUSES IT?

In more than half of cases of Non-CF bronchiectasis the initial cause is unknown and is not due to an inherited condition. Non-CF bronchiectasis is acquired, meaning that something has caused damage to the airway tissue.

Possible causes may include:

- Obstruction of the bronchial tubes by inhaled foreign bodies (e.g. peanuts)
- Scarring of the airways as part of the healing process e.g. after whooping cough or pneumonia
- Inhalation of stomach contents into the lungs—aspiration
- Lowered immunity after infection

WHO GETS IT?

Bronchiectasis can develop at any age but is more likely to start in childhood. Australia has one of the highest rates of prevalence of this condition in the world. It is more common in Indigenous populations.

Childhood vaccinations, improved living conditions and nutrition have reduced the occurrence and severity of bronchiectasis over the past few decades.

WHAT ARE THE SYMPTOMS?

The degree and severity of the disease varies among individuals. Symptoms include:

- Chronic wet cough (cough with mucus and lasting longer than 4 weeks in duration)
- Wheeze
- Shortness of breath especially during exercise
- Weight loss or poor weight gain
- Finger/toe clubbing—increase in the soft tissue at the end of the fingers or toes
- Recurrent chest infections
- Chest wall deformity

HOW IS IT DIAGNOSED?

Your doctor will need to examine your child and will take a detailed medical history. Is your child has the symptoms mentioned above, bronchiectasis may be suspected. To confirm the diagnosis, the doctor may order the following tests:

- Chest X-rays
- Chest CT scan
- Lung function test
- Sweat test—to exclude cystic fibrosis

In addition, other investigations such as sputum cultures and blood tests may be done to support the diagnosis.