Bronchiectasis:

- Chronic inflammation of the bronchi with dilatation or expansion.

Causes:

1) Congenital - * Ciliary dyskinesia (Immotile ciliary syndrome) (Kartagener's Syndrome - Situs inversus, chronic sinusitis, Bronchiectasis), Non motile sperm.
* Cystic Fibrosis (Cystic Fibrosis Transmembrane conduction regulator affected) → ↑ Mucus which is thick
2) Acquired → Pneumonia, → Inflammation.
obstruction → Adenoma, Carcinoma, Foreign object.
Infection → TB, Aspergillosis (ABPA)

Pathology

No ciliary movement
↓
Mucus deposited
↓
Immune cells destroys both cilia and elastin
↓
Bronchi become more stiff and elastic.

Clinical features

Symptoms

1) Chronic Cough
2) Breathlessness
3) Sputum → Purulent in nature. Mixed with blood aggravated in morning. due to rupture of blood vessels.
4) Hemoptysis.
5) Three layered Sputum - Foamy upper layered, Mucoar middle layer, Purulent lower layer on standing
6) Recurrent infection and fever.

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Signs:
i) Clubbing
ii) Anemia.
iii) Odema → CCF
iv) Auscultation - Crackles in lower lobe.

C - Cyanotic heart disease → ASD, VSD, Fallot tetralogy
L - lung Carcinoma, Cystic Fibrosis
U - Ulcerative Colitis.
B - Bronchiectasis
B - Benign mesothelioma
I - Infective Endocarditis.
N - Neurogenic tumors.
G - GIT disorder.

Bronchiectasis Sicca: Dry Bronchiectasis without infective sputum with history of tuberculosis.

Complication:
1) Pulmonary hypertension
↓
Left ventricular hypertrophy
↓
Cor Pulmonale
2) Recurrent infection (Pneumonia)

Investigation:
1) Chest Xray: Honey Combed appearance or Bird Nest appearance
3 cavities: i) Cylindrical ii) Saccular iii) Varicose
2) CT, MRI
3) Anemia, RBC, Hb.

Management:
1) Postural drainage
2) Chest Tapping.
3) Expectorant
4) Antibiotic
5) Nebulization.

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