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ABSTRACT BOOK

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ABSTRACTS FOR ORAL PRESENTERS



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Assessing the health status using Chronic Obstructive Assessment Test and Clinical COPD Questionnaire among Stable COPD patients residing in high altitude of Nepal

Category: Oral Abstract

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Background/Aims: Chronic Obstructive Pulmonary Disease (COPD) profoundly diminishes the health status and quality of life of affected individuals. Consequently, assessing the quality of life in COPD management is of paramount importance. This study emphasizes the necessity of a comprehensive symptom assessment beyond mere dyspnea measurement. This study aims to estimate the health status of stable COPD patients through the utilization of two assessment tools: the COPD Assessment Test (CAT) and the Clinical COPD Questionnaire (CCQ).

Methods: An observational, prospective, cross-sectional study spanning six months was conducted among stable COPD patients. Health status assessment was performed using questionnaires, such as modified Medical Research Council (MMRC), CAT, and CCQ to evaluate the health status of patients. Descriptive analysis, Spearman rank correlation was employed to examine the relationships between MMRC, CCQ, CAT, and oxygen saturation levels (SpO₂). Internal consistency of CCQ and CAT was assessed using Cronbach's alpha coefficient.

Results: Among the 100 patients surveyed, 51% were female and 49% were male, with an average age of 65.51 ± 9.45 (SD) years. Smoking status indicated that 14% had never smoked, while 50% were ex-smokers. Notably, 40% of the patients experienced exacerbations per year, with 19% having exacerbations twice a year, and 39% having no exacerbations requiring hospital admission. The mean CCQ score was 2.82 ± 0.77 , while the CAT score averaged 19.33 ± 5.13 . Significant correlations were observed between CAT and CCQ ($\rho = 0.75$, $p < 0.001$), as well as SpO₂ with CAT ($\rho = -0.407$) and SpO₂ with CCQ ($\rho = -0.308$, $p < 0.001$). LOESS plots indicated no significant deviation from a linear association.



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Both CAT and CCQ exhibited high internal consistency, with Cronbach's alpha values of 0.86 and 0.89, respectively. Furthermore, patients with severe COPD reported poorer health status compared to milder subgroups.

Conclusions: This study highlights the suitability of CAT and CCQ as efficient tools for assessing the health status of COPD patients in clinical settings. Their brevity and ease of use make them advantageous for healthcare professionals and patients alike. The findings affirm the reliability of CAT and CCQ in terms of internal consistency for measuring the health status of stable COPD patients.



ABSTRACTS FOR POSTER PRESENTERS



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TUBERCULOSIS

[1] Disseminated Tuberculosis Presenting as Diplopia and Multiple Abdominal wall Swellings

Category: Posters

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BACKGROUND: Disseminated tuberculosis refers to concurrent involvement of at least two non-contiguous organ sites of the body or involvement of the blood or bone marrow by tuberculosis process.

CASE PRESENTATION : A 15 year old female presented complaints of amenorrhoea since 12 months, loss of weight and appetite since 10 months, fever and double vision since 8 months, swelling over abdomen and back since 1 month. She had history of tuberculoma for which she has taken anti-tuberculous drugs for 8 months

DIAGNOSIS : General examination reveals poor built and nourishment. Chest examination shows – bilateral vesicular breath sounds with crepitations. Local examination shows a swelling of about 6x6 cm over right iliac fossa region, another swelling of 6x5 cm over left iliac fossa region, swelling of 4x4 cm over posterior aspect of chest wall on right side and another swelling of 2x2cm over sternum. All the swellings were cystic in consistency. All routine blood investigations were normal. Mantoux test-positive. CECT thorax shows multiple pleural based fluid density lesions on both sides represents empyema and empyema necessitans suggestive of tuberculosis. CECT abdomen shows wall enhancing fluid density lesions in intramuscular plane of anterior abdominal wall, iliac fossa region of right and left side and lumbar region of right side. Multiple enlarged necrotic celiac, periportal and iliac lymphnodes, dilated right fallopian tube showing enhancing wall thickening, hepatosplenomegaly with hypodense lesions within – findings suggestive of infective etiology like tuberculosis.



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MRI brain shows multiple ring enhancing nodular lesions scattered over bilateral frontal, parietal, occipital and gangliocapsular region and cerebellar region suggestive of tuberculoma. CBNAAT of aspirate from anterior abdominal wall swelling was positive – MTB detected and Rifampicin sensitive.

TREATMENT: Six drug AKT including Isoniazid, Rifampicin, Pyrazinamide, Ethambutol, Levofloxacin and Amikacin was started

OUTCOME: Patient improved clinically with reduction in size of swelling, fever, visual symptoms and weight gain

DISCUSSION: Disseminated TB can present with atypical symptoms and may lead to delay in diagnosis and further complications. Early diagnosis and initiation of AKT can help in effective management and reduce morbidity and mortality risk in disseminated TB



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[2] Tuberculous empyema with a rare fistula

Category: Posters

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Background:

Tuberculous effusion is a common disease entity with a spectrum of presentations from a largely benign effusion, which resolves completely, to a complicated effusion with loculations, pleural thickening and even frank empyema.

The incidence of pleural involvement in TB non-endemic areas is 3–5%.

In TB endemic areas, however, the incidence approaches 30%, in part due to the high proportion of HIV-positive individuals, in whom TB is the most common cause of lymphocytic effusions.

Pancreaticopleural fistula is a rare complication of acute and chronic pancreatitis. This usually presents with chest symptoms due to pleural effusion, pleural pseudocyst, or mediastinal pseudocyst.

Diagnosis requires a high index of clinical suspicion in patients who develop alcohol-induced pancreatitis and present with pleural effusion which is recurrent or persistent. Analysis of pleural fluid for raised amylase will confirm the diagnosis and investigations like CT.

Endoscopic retrograde cholangiopancreatography (ERCP) or magnetic resonance cholangiopancreatography (MRCP) may establish the fistulous communication between the pancreas and pleural cavity.

The optimal treatment strategy has traditionally been medical management with exocrine suppression with octreotide and ERCP stenting of the fistulous pancreatic duct.



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CASE STUDY:

A 40-year-old male patient came with complaints of shortness of breath, chest pain and cough with expectoration for the past 20 days. He was a current smoker and chronic alcoholic. Chest x-ray was suggestive of massive pleural effusion on the left side. Ultrasound of chest showed an anechoic area suggestive of free fluid and diagnostic thoracentesis was performed which revealed pleural fluid LDH 13640, ADA 112.3, GLUCOSE 29.0 and CBNAAT showed MTB detected and Rifampicin sensitive.

Patient was started on Anti-tubercular drug sensitive regimen

Contrast Enhanced CT scan of the thorax and abdomen revealed Features suggestive of chronic calcific pancreatitis with peripancreatic & intrapancreatic collection showing possible communication with left pleural cavity – likely pancreaticopleural fistula

Pleural Fluid lipase was 1479.0 and Pleural Fluid Lipase 456.0

Tube Thoracostomy was done on the same side.

patient was planned for ERCP stenting.

Conclusions:

Tuberculous empyema is a rare form of tuberculous pleuritis. It consists of a purulent infection of the pleural cavity with detectable bacilli in pleural fluid.

Diagnosis is easily established clinically and bacteriologically. Treatment is to adequately drain the pleural space and achieve lung re-expansion, in conjunction with antituberculous chemotherapy

Pancreaticopleural fistula is difficult to diagnose and at times difficult to treat. They require a high index of clinical suspicion to diagnose, particularly in the setting of recurrent pleural effusions with coexisting history of pancreatitis or alcohol abuse.



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The predominant symptoms are related to chest rather than abdomen. Early pleural fluid amylase testing will avoid delayed diagnosis.

The initial line of treatment includes drainage of the effusion, the inhibition of pancreatic secretions with octreotide and possibly ERCP plus stenting of the pancreatic duct



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[3] A clinical study of outcome of pleural fluid ada negative tuberculous pleural effusion

Category: Posters

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Background/Aims: To study the outcome of patients with pleural effusion in whom ADA of pleural fluid is less than 40 but clinically suspicious of Tuberculous in a high Tuberculosis prevalence area.

Methods: This is a retrospective observational study done at NARENDRA MODI MEDICAL COLLEGE, AHMEDABAD on 18 patients presented with lymphocytic exudative pleural effusion with Pleural fluid ADA negative (less than 40 IU/L) where other causes of exudative effusion were ruled out and patient diagnosed as clinically Tuberculous Pleural Effusion. Such patients were given Antitubercular drugs for 6 months and followed up for 9 months.

Results: All the patients having exudative pleural effusion after all inconclusive investigations, Antitubercular drugs were given to all 18 (100%) study patients, all the patients showed improvement over period of 6 months.

Conclusions: Antitubercular treatment leads to early recovery and reduced mortality in high tuberculosis prevalence area in patients having low ADA levels(40IU/L) and positive constitutional symptoms after ruling out all other causes of exudative pleural effusion.



SEVERE ASTHMA

[4] A study of Airway inflammation in Asthmatics of Central Hospital, South Central Railways, India

Category: Posters

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Background/Aims: To study the effect of Inhaled or Systemic Corticosteroids (ICS/SCS) on inflammatory biomarkers in moderate to severe Asthmatics of Central Hospital, South Central Railways, India.

Methods: In patients with moderate to severe Asthma as per GINA guidelines, inflammatory biomarkers of Asthma particularly Fractional exhaled Nitric Oxide (FeNO) was tested. Cutoff levels for FENO \geq 25 ppb, Sr. IgE \geq 150 IU/ml and Blood eosinophil count \geq 300 cells/cu.mm were taken.

Results: Of a total 63 patients, 23 patients (36.5%) had FeNO \geq 25 ppb (High) and 40 patients (63.4%) had FeNO $<$ 25 ppb (normal). Of the 23 patients with high FeNO value, 20 patients were on ICS/SCS and 3 patients were not on ICS/SCS. Of the 40 patients with normal FeNO value, 25 patients were on ICS/SCS and 15 patients were not on ICS/SCS.

Further, 18 patients were tested for Sr. IgE and BEC along with FeNO, of which 6 patients (33.3%) were positive for all the three biomarkers and 3 patients (16%) were negative for all the three biomarker. 2 patients had only elevated IgE levels, 2 patients had only elevated BEC levels, nobody had elevated FeNO alone. 2 patients had high FeNO and IgE levels, 2 patients had high IgE and BEC, 1 patient had high FeNO and BEC.



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Conclusions: Patients on ICS/SCS with high FeNO and other biomarkers needs to be evaluated for optimal dose of steroids and the need for Steroid sparing Biologics. Patients on ICS/SCS with normal FeNO mut be considered for deescalating steroid dose in view of possible remission.

Large scale studies are required to understand the actual requirement of Biologics in the Asthmatic population in order to design cost effective treatment modules.



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NTM

[5] Exploring the GenoType Mycobacterium CM/AS Assay Kit for Genotype Profiling in Non-Tuberculous Mycobacterial Infections

Category: Posters

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Background/Aims: Nontuberculous mycobacteria (NTM) encompass a diverse group of opportunistic pathogens capable of causing various pulmonary and extrapulmonary infections in humans. Accurate identification and characterization of NTM species are crucial for appropriate clinical management and treatment strategies. This study aims to comprehensively explore the utility of the GenoType® Mycobacterium CM/AS Assay Kit for genotype profiling in nontuberculous mycobacterial infections at tertiary care center in central India.

Methods: This study prospectively screened NTM from presumptive pulmonary and extrapulmonary TB patients through ZN staining and Liquidation culture through the Mycobacterial Growth Indicator Tube system and MPT64ag testing from July 2023 to November 2023. Final identification of Nontuberculous Mycobacteria (NTM) species was performed using the GenoType® Mycobacterium Common Mycobacteria CM/AM assay kit from HAIN Life Science, Nehren, Germany, adhering to the manufacturer's protocol.

Results: 10 NTM isolates were confirmed, and speciation was done by GenoType® mycobacterium CM/AS assay. Two isolates exhibited patterns consistent with *Mycobacterium fortuitum*, two showed patterns that were consistent with *Mycobacterium abscessus*, and two showed patterns of *Mycobacterium mucogenicum*, one showed *Mycobacterium intracellulare* and two were mixed infection



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(*Mycobacterium abscessus* and *Mycobacterium tuberculosis*) and one was identified as mycobacteria spp.

Conclusions: The study findings underscore the presence of distinct NTM species, with *Mycobacterium fortuitum*, *Mycobacterium abscessus*, and *Mycobacterium mucogenicum* being prominent among the identified isolates. Furthermore, the identification of mixed infections, such as the coexistence of *Mycobacterium abscessus* and *Mycobacterium tuberculosis*, emphasizes the complexity of NTM infections and the necessity for accurate diagnostic tools.



PNEUMONIA

[6] Case report: Pulmonary Strongyloidiasis and Hyperinfection Syndrome in a High-Risk Factors Patient

Category: Posters

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Introduction: Strongyloides stercoralis is an intestinal nematode, which is distributed worldwide in warm, humid climates, infecting from 6.9% to over 30% of population in tropical and sub-tropical countries. For Viet Nam, six studies were available, with a pooled prevalence of 13%. The highest figure was reported in Hanoi Medical Center in 2018, with 46% among visitors from 27 provinces. It commonly causes chronic, asymptomatic infection, but a change in immune status can lead to an increase in parasite burden, hyperinfection syndrome and death if unrecognized.

Case presentation: A 70 year-old farmer man was diagnosed with COPD from 2015 and having stable treatment with Seretide 25/250 mcg : 2 canisters x 2/day, Berodual when acute breathless without any exacerbations in two previous years.

In March 2022 the patient was diagnosed with lymphoma non-hogkin and commencing with chemotherapy every 3 weeks including: Rituximab 1400mg, Cyclophosphamid 500 mg, Epirubicin hydroclorid 50 mg, Vincristin sulfat 2 mg, Methylprednisolon 40 mg.

5th chemotherapy session, patient onset some symptoms: progressive dyspnea, wheezing and sputum expectoration. The patient felt chest pain, fever and anorexia. Then the symptoms of dyspnea was much more worse, no paroxysmal nocturnal dyspnea . After that, he was admitted to the Gia Dinh Hospital.



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Pertinent Physical Exam findings: Vital signs: Heart rate : 108 bpm - Blood pressure: 120/80 mmHg - Temperature: 37.0 C - Respiration: 22 rpm - SpO2 = 95%/ Cannula 4l/minute. Pulmonary examination: wheeze and rhonchus crackles in both lungs.

Pertinent Labs on Admission: WBC: 7.5 K/uL, Eos: 8.9 % Bronchoscope : Mobile Stroglyoides stercoralis larva. Sputum culture and Stool examination : Stroglyoides stercoralis. Chest CTscan: diffuse glass -ground opacities in both lungs and the cavitory lesion in upper right lung S5.

Patient's Progress: Patient was started on treatment Meropenem 1g, Tygacil 50 mg, Ivermectin 6 mg plus Albendazole 400 mg and his immunosuppressants were stopped. The patient was initially improving both clinically and radiologically, but later on, he developed secondary sepsis and succumbed to his illness.

Discussion:

Conditions associated with hyperinfection syndrome are as follows:

- *Drugs/biologics*

1. Corticosteroids
2. Cyclophosphamide
3. Rituximab
4. Epirubicin hydrochlorid
5. Vincristin sulfat

- *Diseases:*

- a. Non-Hodgkin's lymphoma
- b. COPD.



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In endemic areas, community control was successful through proactive case screening and pharmacological treatment regardless of environmental sanitation improvements. Mass administration of Ivermectin for strongyloidiasis or other parasitic infections has produced beneficial effects toward sustained reduction in prevalence. In conclusion, with increased globalization, strongyloidiasis can occur in non-endemic area. However, diagnosis might be challenging due to non-specific clinical features. Thus, a high level of suspicion is mandatory for early diagnosis, especially in immunocompromised patients.



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[7] Malignancy mimicing non resolving pneumonia

Category: Posters

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CASE STUDY:

65-year patient old male patient presented with complains of cough with expectoration, generalized weakness and fever. Patient is chronic bidi smoker and alcoholic. Patient was admitted and managed symptomatically for non resolving pneumonia. CECT shows patchy consolidation of upper lobe of rt lung along with ground glass density in right middle and lower lobe. Multiple scattered soft tissue nodule in right middle and lower lobe s/o infective etiology. Bronchoscopy findings s/o BAL NTM, BAL Nocardia, BAL GSCS were negative.

Ct guided biopsy was done which was suggestive of mucinous adenocarcinoma.

DISCUSSION: Pneumonia is most common Lower respiratory tract infection. However it should be noted that radiological diagnosis is not always the final diagnosis and needs further evaluation and clinical co relation. In this case mucinous adenocarcinoma was final diagnosis however the ct done initially resembled pneumonia like picture.

CONCLUSION:

Malignancy can present with atypical symptom and may lead to delayed diagnosis and further complications like metastasis to various organs. Early diagnosis can be helpful in treating the patient surgically.



INTERVENTIONAL PULMONOLOGY

[8] Evaluation of safety and effectiveness of microdebrider bronchoscopy in central airway obstruction

Category: Posters

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Background/Aims:

Central Airway Obstruction (CAO) poses significant challenges in interventional pulmonology, necessitating prompt intervention. Lung cancer is a major cause in the U.S., while in India, non-malignant causes like post-tuberculosis tracheal stenosis also prevail. This study evaluates the efficacy and safety of microdebrider bronchoscopy, a novel approach in treating CAO, particularly for malignant causes.

AIM

1. To compare and establish non inferiority compared with existing endobronchial hot and cold techniques.
2. To compare the outcomes and complications of microdebrider bronchoscopy with traditional therapeutic modalities, particularly focusing on the avoidance of complications associated with thermal modalities such as airway injury, tracheoesophageal fistulas, and airway fires.
3. The clinical impact of microdebrider bronchoscopy on the management of central airway obstruction, with a specific focus on its ability to provide precise, rapid, and safe removal of obstructive lesions.



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Methods:

An observational study was conducted at the Department of Respiratory Medicine, CMRI Hospital, Kolkata, from February 2023 to January 2024. It involved 21 patients with CAO undergoing microdebrider bronchoscopy. The procedure used a Straight shot M4 Microdebrider and a 0-degree rigid bronchoscope under general anesthesia. Patient demographics, clinical data, lesion characteristics, and airway obstruction levels were assessed pre and post-procedure. A control group of five patients treated with conventional techniques was compared.

Results:

The study found that 71% of CAO cases were malignant. The microdebrider significantly reduced mean airway obstruction from 86% to 5%, with an average procedure time of 30.14 minutes, compared to 51.2 minutes in the control group. No adverse events were recorded, indicating the procedure's efficacy and safety. Additional treatments included APC, stenting, and electrocautery.

Conclusions:

The microdebrider bronchoscopy demonstrated superiority in reducing procedure time and improving patient outcomes against conventional techniques. Its precision and minimal complication rate offer a significant advancement in CAO management. Despite its efficacy, the necessity for further research with larger cohorts and standardized reporting is emphasized to establish more definitive conclusions.



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[9] The comparison between Blow Bottle Positive Expiratory Pressure (BBPEP) Device versus Acapella on Oxygenation and Peak Expiratory Flow Rate (PEFR) among patients with open heart surgery- A Comparative Study

Category: Posters

Abhaya Mahadik¹

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Background: Worldwide people of all ages are affected by the Noncommunicable Diseases (N.C.D.) and it is a leading cause of death globally. According to the World Health Organization (WHO), 41 million people die due to noncommunicable diseases which is equal to 71% of all death globally in which cardiovascular diseases are the most common cause for death. The International Institute of Population Sciences stated that from 1990 to 2016, the contribution rate of mortality of cardiovascular diseases is increased by 34.3% in India. The more common leading cause of cardiovascular diseases are Coronary Artery Disease (CAD) and Stroke, also WHO says in 2017, CAD is the leading cause of death and which is 15.6%. To treat these critical conditions of coronary artery disease patients should undergo cardiac surgery which is known as Coronary Artery Bypass Grafting Surgery (CABG). According to the A.H.A., Cardiac Rehabilitation is a comprehensive exercise, education and behavioural modification program design to improve the physical and emotional condition of patients with heart disease. Early mobilization includes an active range of motion, thoracic mobility, bedside sitting, chair sitting, hall ambulation (chair sitting). With all these techniques, there are mechanical devices available to improve oxygenation they known as positive pressure devices such as Acapella, Flutter, Bubble-PEP, RC-Cornet. Bubble P.E.P. also used to prevent pulmonary complications in postoperative open-heart surgery patient. On the other hand, the therapist-made bubble-PEP device which is made from inexpensive and easily accessible materials consisting of a container (e.g. bottle) and tubing. Therefore, the bubble P.E.P. is relatively cheaper and readily accessible.



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Aim: To compare the effect of BBPEP Device and Acapella on Oxygenation and PEFR among patients with open-heart surgery.

Objectives:

1. To compare the effect of BBPEP Device and Acapella on FiO₂ and SpO₂ among patients with open-heart surgery.
2. To compare the effect of BBPEP Device and Acapella on PEFR among patients with open-heart surgery.

Methodology: The study done on 54 samples. Samples were randomly divided into two groups, i.e. BBPEP and Acapella group. Both the group received intervention from P.O.D. 1 to 3 twice a day. FiO₂, SpO₂ and PEFR were taken pre- and post-treatment in every session. Data were collected and analysis was done.

Statistical analysis: normality was checked by using Kolomogrov-Smirnov Test. Data did not pass the normality test, so a non-parametric test was used for data analysis.

Result: There was no significant difference between both groups.

Conclusion: The BBPEP and Acapella is equally effective in improving oxygenation and PEFR in the patient who undergo open-heart surgery.

Keywords: BBPEP, Acapella, PEFR, FiO₂, SpO₂, Open Heart Surgery.



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[10] Successful Management Of A Case of Airway Obstruction Due To Blood Clot With Endobronchial Instillation Of Streptokinase.

Category: Posters

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Background:

- Airway obstruction due to blood clot is a life threatening complication of endobronchial haemorrhage and management is challenging¹. Interventions in airway clot removal involves suctioning lavage and forceps extraction.
- The first reported use of streptokinase to lyse endobronchial blood clots appeared in 1983.²
- In unsuccessful cases further modalities includes Rigid Bronchoscopy and Endobronchial Instillation of Thrombolytics

Case Study:

- A 24-year-old male patient was admitted with diagnosis of Dengue fever with thrombocytopenia with acute kidney injury with sepsis and Multi Organ Dysfunction Syndrome.
- 7 days later post admission Patient had worsening of respiratory symptoms despite conservative management.
- The patient was intubated and put on mechanical ventilation. A physical examination revealed absent breath sounds on left lung and on chest radiograph it revealed homogenous increased attenuation throughout the left lung field with slight upper tracheal shift towards left with normal intercostal space.



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- On mechanical ventilation, despite FI02 100 percent, saturation did not rise to target level and tidal volume continued to decrease, and the peak airway pressure increased.
- Diagnostic bronchoscopy was performed, which revealed the presence of organized clots in throughout the left main stem bronchus. The bronchoscope further was not negotiable post primary carina on left side.
- Streptokinase 750 unit/ml of isotonic saline was instilled into the clots for a total dose of 30,000 units in divided in 4 aliquots of 10 ml solution for each installation during a 60-minute period.

Results:

- A repeat diagnostic Bronchoscopy was performed after 4 hours, and no significant change was seen in consistency of clots or saturation only mild liquefaction was observed.
- The patient was managed for overnight with repeat endotracheal tube suctioning, intermittent postural changes and Multiple chest physiotherapy sessions which resulted in possible dissolution and extraction of clots.
- On next day bronchoscopy was again performed after 24 hours for evaluation of post streptokinase effect.
- Complete dissolution of clots were found and airway at level of Primary and Secondary Carina was patent. Bronchoscope probe was further negotiated in airway, and the rest clots were removed easily with suctioning.
- Ventilatory Support parameters and repeated chest X rays were improved. The patient was subsequently extubated, and he was discharged then after.
- No complications were found in follow up.



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Conclusion:

- Endobronchial instillation of Streptokinase can be a safe alternative modality in management of endobronchial obstruction of blood clots in mechanically ventilated patient where Cryotherapy/ Forceps Extraction/Cautery and Rigid Bronchoscopy is not available.

References:

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[11] Bronchoscopic Innovations in Diagnosing and Treating Uncommon Lung Infections: A Case Series

Category: Posters

Soumya Mishra

Background/Aims:

This series of cases illustrate the complexity of diagnosing and managing unusual respiratory infections imitating more common pulmonary conditions (including sinister ones like malignancy) in immunocompetent patients. These cases also emphasize the critical role of advanced bronchoscopic techniques in diagnosis and therapy.

Case Series:

The first case describes the successful diagnosis and management of pulmonary rhinosporidiosis in a 39 years old male farmer, presenting with exertional dyspnea and cough with blood-tinged sputum. The identification of vascular intrabronchial polypoidal growth occluding the right main bronchus was done and subsequently, it was recanalized with a unique debulking tool, the microdebrider via rigid bronchoscopy. The biopsy specimens revealed Rhinosporidium spores which helped in providing effective treatment of oral Dapsone to the patient.

The second case elucidates the complex diagnosis of a 58-year-old man, initially treated as sarcoidosis based on symptoms of dry cough, fever and HRCT scans showing mediastinal adenopathy, leading to steroid treatment that caused intestinal perforation. Methotrexate substitution also failed. The emergence of neurological symptoms and MRI brain findings suggestive of a possible tumor necessitated a re-evaluation. Subsequent bronchoscopy/EBUS-TBNA with transbronchial biopsies and CSF analysis revealed Histoplasma capsulatum, prompting a switch to Liposomal Amphotericin B as treatment which improved his clinical status markedly.



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The third case focuses on a 60-year-old man with right upper lobe cavitory lesion and fungal ball within the cavity. After an initial inconclusive BAL report and negative vasculitis panel, a Radial EBUS guided biopsy from the intracavitary mass was done which was suggestive of pulmonary mucormycosis. The initiation of Liposomal Amphotericin B therapy led to a significant improvement, showcasing the effectiveness of an accurate diagnosis.

Results:

Advanced bronchoscopic techniques have been crucial in the diagnosis and management of these three cases: Rhinosporidiosis- identified and recanalized with a microdebrider; Sarcoidosis misdiagnosed - Histoplasma capsulatum identified through bronchoscopy/EBUS-TBNA, guiding Liposomal Amphotericin B treatment; Cavitory lesion - Radial EBUS guided accurate diagnosis of pulmonary mucormycosis, successful Liposomal Amphotericin B treatment. Hence, this emphasizes the significance of specialized bronchoscopic techniques in improving outcomes of these cases.

Conclusion:

This series highlights the importance of having a comprehensive diagnostic approach and the critical role of specialized bronchoscopic diagnostic & therapeutic techniques in improving patient outcomes. This series also reiterates the fact that rare infectious diseases don't just affect the immunocompromised; they can surprise anyone.



BRONCHIECTASIS

[12] Pulmonary hydatid cyst mimicing as cystic bronchiectasis

Category: Posters

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BACKGROUND AND OBJECTIVES:

Hydatid cyst is caused by parasite called Echinococcus Granulosus. It most commonly affects liver followed by lungs. Cough, chest pain and hemoptysis are most common symptoms that occur due to pulmonary hydatid cyst. Symptoms of this condition are not specific and needs proper investigations as these symptoms can be produced by tuberculosis, mass or any cystic complication.

CASE STUDY

53 -year patient old male patient presented with complains of hemoptysis, fever, anorexia and generalized bodyache. Patient had no history of tuberculosis in the past. On respiratory examination B/L Lung fields were clear. SPUTUM AFB was done which showed negative result. Following this Sputum CBNAAT was done which was also negative. USG Abdomen s/o tiny calcific foci in segment vii of right lobe of liver. CECT CHEST shows thin walled cystic lesion in left thoracic cavity in anterior aspect representing benign cyst.

DISCUSSION: Hemoptysis is multiple causes in adults. Liver and lungs are most common site of hydatid cyst. Ct and MRI Findings are helpful in diagnosing these conditions. Patient may have associated cystic swelling in liver and spleen. Calcific foci in liver and lung may represent calcified hydatid cyst present in liver which at present needs no active management.



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CONCLUSION: It is important to note that rare cause of hemoptysis should also be considered when a patient presents with complains of hemoptysis. Tuberculosis being the most common cause needs to be ruled out first. prognosis of pulmonary hydatid cyst is good if cyst does not rupture and early identification of the condition is done. Albendazole therapy and surgical line of management needs to be considered.

