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Etiology and Clinical Evaluation of Patients with Bronchiectasis in a Tertiary Hospital in Nigeria

Etiologie et Évaluation Clinique des Patients Atteints de Bronchiectasie dans un Hôpital Tertiaire du Nigeria

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ABSTRACT

BACKGROUND: Bronchiectasis is often considered an orphan disease in developed societies. This may not be the case with low-income countries. Currently there is a paucity of data on the pattern and presentation of this condition in Nigeria.

OBJECTIVE: This study was undertaken to determine the frequency and pattern of presentation of bronchiectasis in a tertiary healthcare facility in Uyo, South-South, Nigeria.

METHODS: We carried out a three-year prospective study of adult patients aged between 15–85 years diagnosed with bronchiectasis in the University of Uyo Teaching Hospital in Uyo, Nigeria between 2016 and 2019.

RESULTS: Eighty-two patients were identified from the clinic register. Out of these, 76 were recruited into the study; made up of 44 (57.9%) males and 32 (42.1%) females. The average age of the patients was 49.7 ± 14.1 years. Sixteen (21.1%) of the patients were HIV positive. Forty-four (57.9%) patients had previously been treated for pulmonary tuberculosis. Majority of the patients; 72 (94.7%) had chronic productive cough. Sixty-four (84.2%) had at least one episode of exacerbation within the last 12 months while 36 (47.4%) had a severe exacerbation requiring hospitalisation. Hospitalisation was associated with several factors with the strongest contributor being the presence of respiratory distress on physical examination (OR 15.4 $p=0.002$).

CONCLUSION: Bronchiectasis is not an uncommon disease amongst our patients. A previous history of pulmonary tuberculosis is the commonest associated predisposing medical condition. There is a high rate of exacerbation among these patients with respiratory distress as the strongest predictor of hospitalisation. *WAJM* 2022; 39(1): 52–58.

Keywords: Etiology, Clinical features, Bronchiectasis, Exacerbation, Hospitalisation.

RÉSUMÉ

CONTEXTE: La bronchiectasie est souvent considérée comme une maladie orpheline dans les sociétés développées. Ce n'est peut-être pas le cas dans les pays à faible revenu. Actuellement, il y a une pénurie de données sur les caractéristiques et la présentation de cette maladie au Nigeria.

OBJECTIF: Cette étude a été entreprise pour déterminer la fréquence et le mode de présentation de la bronchiectasie dans un établissement de soins tertiaires à Uyo, dans le sud-sud du Nigeria.

MÉTHODES: Nous avons mené une étude prospective sur trois ans auprès de patients adultes âgés de 15 à 85 ans chez qui on a diagnostiqué une bronchiectasie dans l'hôpital universitaire d'Uyo, à Uyo, entre 2016 et 2019. Uyo, au Nigeria, entre 2016 et 2019.

RÉSULTATS: Quarante-deux patients ont été identifiés à partir du registre de la clinique registre. Parmi ceux-ci, 76 ont été recrutés dans l'étude ; composés de 44 (57,9 %) hommes et 32 (42,1 %) femmes. L'âge moyen des patients était de $49,7 \pm 14,1$ ans. Seize (21,1 %) des patients étaient séropositifs. Quarante-quatre (57,9 %) patients avaient déjà été traités pour une tuberculose pulmonaire. La majorité des patients ; 72 (94,7%) avaient une toux productive chronique. Soixante-quatre (84,2 %) ont eu au moins un épisode d'exacerbation au cours des 12 derniers mois, tandis que 36 (47,4 %) ont eu une exacerbation sévère nécessitant une hospitalisation. L'hospitalisation était associée à plusieurs facteurs, le facteur le plus important étant la présence d'une détresse respiratoire à l'examen physique (OR 15,4 $p=0.002$).

CONCLUSION: La bronchiectasie n'est pas une maladie rare parmi nos patients. Un antécédent de tuberculose pulmonaire est l'état médical prédisposant le plus fréquent. Il existe un taux élevé d'exacerbation chez ces patients, la détresse respiratoire étant le facteur prédictif le plus fort d'hospitalisation. *WAJM* 2022; 39(1): 52–58.

Mots clés: Étiologie, Caractéristiques cliniques, Bronchiectasie, Exacerbation, Hospitalisation.

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