

What Is Bronchiectasis?

- ✓ The lung is made up of airways and small alveoli (air sacs that exchange oxygen). Airways begin as large tubes supported by cartilage that get progressively smaller. The trachea or windpipe divides into airways that supply the lower lung. These large to medium sized airways can get injured.
- ✓ Bronchiectasis is a condition in which the large to medium sized airways have been previously injured and are enlarged. Usually, the large airways retain more mucus than normal.
- ✓ Bronchiectasis is frequently diagnosed because it is identified on a CT scan of the lungs, even when an individual does not have symptoms of bronchiectasis. This is especially true among Alphas.
- ✓ Recurrent or a single severe lung infection can cause bronchiectasis. More infections can make bronchiectasis get worse. The damaged airways in bronchiectasis provide a place for bacteria to grow. As a result, individuals with bronchiectasis can be more likely to experience lung infections. This is a vicious cycle that usually warrants treatment to prevent the next infection and prevent bronchiectasis worsening to involve additional airways.

What are the Symptoms of Bronchiectasis?

- ✓ Symptoms of bronchiectasis include:
 - Persistent cough due to mucus
 - Shortness of breath
 - Fatigue
 - Chest pain, especially when coughing or breathing deeply

Can I Have Bronchiectasis Even if I Don't Have Symptoms?

- ✓ You can have “asymptomatic bronchiectasis”—which means that you have bronchiectasis even though you don't have any symptoms.
- ✓ Many Alphas are diagnosed with asymptomatic bronchiectasis.
- ✓ Whether asymptomatic bronchiectasis requires treatment is controversial.
- ✓ Asymptomatic bronchiectasis is sometimes caused by a family of germs called atypical mycobacteria that includes Mycobacterium avium complex (MAC) and others.

What Are the Treatment Options for Bronchiectasis?

- ✓ For asymptomatic bronchiectasis, treatment focuses on preventive measures:
 - Vaccinations can prevent illnesses such as flu and pneumonia that can worsen bronchiectasis.
 - Monitoring for potential lung infections that can make bronchiectasis worse. Begin antibiotics early and treat for longer duration than for individuals that do not have bronchiectasis.
- ✓ For symptomatic bronchiectasis, treatment includes airway clearance and treatment of infections:
 - Airway clearance therapy is any therapy that gets mucus out of the airways. If the mucus stays, it will continue to grow more germs. The best airway clearance is from coughing and from exercise. Adjuncts include the use of a home nebulizer with short-acting beta agonists (like albuterol) and/or very salty water called hypertonic saline. There are multiple other types of airway clearance therapies. Detailed information about types of airway clearance therapy is provided in AlphaNet's Big Fat Reference Guide (BFRG) available at <https://bfrg.alphanet.org/>.
 - During an exacerbation, antibiotics may be used. The decision to start an oral antibiotic often is based on changes in symptoms, such as more shortness of breath, increased sputum amount, or a change in sputum color, consistency, or odor. Some infections should be cultured to make sure that resistant germs that require intravenous (IV) antibiotics are not needed.
 - Individuals with recurrent infections due to bronchiectasis may be treated via long-term use of antibiotics. These antibiotics include oral or inhaled antibiotics. Usually, the risks of oral long-term antibiotic use outweigh the benefits. However, for individuals with bronchiectasis who have recurrent lung infections, the benefits may outweigh the risks.
- ✓ There are subspecialty bronchiectasis clinics in most states that can assist your healthcare provider.