

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?

- ✓ Symptomatic bronchiectasis (also called clinical bronchiectasis) includes one or more of the following:
 - ☐ Persistent cough (often 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 (airway enlargement on CT scan) even though you don't have any symptoms.
- ✓ Many Alphas are diagnosed with asymptomatic bronchiectasis that often accompanies emphysema.
- ✓ Asymptomatic bronchiectasis does not usually require treatment.

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, there are multiple treatment options:
 - ☐ 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. Multiple other types of airway clearance therapies are described in detail in AlphaNet's [Big Fat Reference Guide \(BFRG\)](#).
 - ☐ 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 determine whether intravenous (IV) antibiotics are 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.
 - ☐ Individuals with symptomatic bronchiectasis may have chronic lung infections caused by a family of germs called nontuberculous mycobacteria (NTM). Information about NTM, including treatment options for NTM lung infections, is available [here](#).
 - ☐ In August 2025, the FDA approved the first medication for bronchiectasis. Brensocatib (Brinsupri™) is a once-daily pill that helps reduce exacerbations by targeting inflammation.
- ✓ There are subspecialty bronchiectasis clinics in most states that can assist your healthcare provider.