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Case 1

Presentation

68-year-old female with bronchiectasis after prior diagnosis of recurrent bronchitis diagnosed by her PCP



Mild restriction

Imaging

Chest CT revealed bronchiectatic changes in the lower lobes

Airway Clearance

Despite daily use of a handheld oscillating positive expiratory pressure device, she developed recurrent bronchitis treated with antibiotics

Sputum Evaluation

Unable to produce adequate sputum for evaluation

Bronchoscopy

- Grossly normal airways with scattered areas of purulence
- Cultures were negative for mycobacteria, bacteria, and fungus
- Improved following the bronchoscopy but soon developed difficulty controlling the secretions; requested VEST but insurance would not approve

Treatment

- Started on thrice weekly azithromycin and tiotropium bromide 2.5 mcg as a means of reducing recurrent exacerbations and controlling the secretions that seemed to offer some relief
- Difficulty maintaining normal weight; instructed her on using daily nutritional supplements

Clinical



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Rule Out Other Causes for Her Symptoms

- √ Gastroesophageal reflux disease
- √ Esophageal dysmotility leading to microaspiration
- ✓ Sinus disease
- ✓ Endobronchial lesion or foreign body
- ✓ Another mucociliary disease, such as primary ciliary dyskinesia

Hill AT, et al. Thorax. 2019;74(Suppl 1):1-69.



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Case 2



Presentation

- 82-year-old female
- Persistent cough, phlegm, and shortness of breath due to NCFBE

Chest CT

Extensive bilateral bronchiectasis

Sputum Cultures

Pseudomonas (+), resistant to pipercillin/tazobactam and tobramycin



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Inhibiting DPP-1

- DPP-1 activates neutrophil elastase in the bone marrow during neutrophil maturation
- · Neutrophil elastase is associated with
 - Extracellular matrix degradation
 - Mucus gland hyperplasia
 - Increased mucus production
 - Reduced ciliary beating rate
 - Direct epithelial damage
- DPP-1 is currently an investigational target for the treatment of bronchiectasis

DPP-1, dipeptidyl peptidase 1

Usansky H, et al. Clin Pharmacol Drug Dev. 2022;11(7):832-842.



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Thank you!

Please remember to complete the post-test and evaluation to receive CME credit.

