

AZITHROMYCIN MAINTENANCE THERAPY FOR PREVENTION OF DISEASE EXACERBATIONS IN PEDIATRIC PATIENTS WITH BRONCHIECTASIS AT PHILIPPINE CHILDREN'S MEDICAL CENTER.

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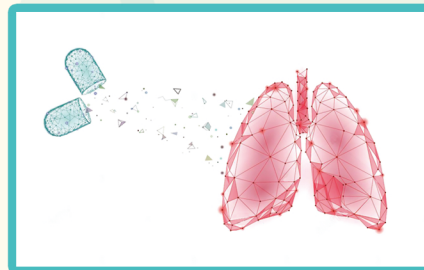
INTRODUCTION



Non-cystic fibrosis bronchiectasis is gaining appreciation due to its increasing burden as well as its etiology. Evidences show that Azithromycin can effectively treat this condition and prevent its complications on pediatric patients, but is not yet extensively studied.

OBJECTIVES

To determine if Azithromycin given once a week for 6 months prevent exacerbation among pediatric patients with non-CF bronchiectasis.



METHODS

Retrospective cohort of pediatric patients diagnosed with bronchiectasis via chest HRCT findings from 2015–2019. Data on demographics, frequency and number of exacerbations before and after treatment with Azithromycin as well as its adverse effects were obtained.

RESULTS

A total of 22 patient medical records were reviewed Azithromycin administration reported a lesser risk from ever having any exacerbation but is not statistically significant (RR 0.88, $p=0.634$, 95% CI 0.727-1.053). The mean number of exacerbations before and after Azithromycin administration are 6.00 and 3.13 respectively, there is no enough evidence to conclude statistical significance of the difference of these findings ($t=1.718$, $p=0.106$, 95% CI -0.691-6.441). There were no adverse events reported.

CONCLUSION AND RECOMMENDATION

Azithromycin can lessen the number of exacerbations in a cohort of pediatric patients with bronchiectasis, though there may be compromises in the statistical significance of the study. A placebo-controlled, randomized trial would enable a better justification of the magnitude of the treatment effect of Azithromycin.

Keyword/s: non-cystic fibrosis bronchiectasis, azithromycin, exacerbation, macrolide, pediatrics