primary studies - published RCT

Longitudinal evaluation of bronchopulmonary disease in children with cystic fibrosis.

Code: PM12910585 **Year:** 2003 **Date:** 2003 **Author:** Farrell PM

Study design (if review, criteria of inclusion for studies)

RCT.

Participants

After newborn screening test results led to early recognition, 64 patients diagnosed at a median age of 6.71 weeks were enrolled

Interventions

patients were studied systematically at a median age of 11.3 years

Outcome measures

clinical information, chest radiographs, and pulmonary function tests.

Main results

Our observations revealed that a frequent cough by history is evident by 10.5 months of age in half the patients. Quantitative chest radiology (CXR scoring) demonstrated that potentially irreversible abnormalities are present in half the children by 2 years. The severity of Wisconsin and Brasfield CXR scores increased in association with respiratory infections. Longitudinal progression of Wisconsin CXR scores was related to age (P

Authors' conclusions

of the methods evaluated, quantitative chest radiology is currently the best procedure for frequent assessment of bronchopulmonary disease in CF, and that radiographic progression is evident in approximately 85% of patients by 5 years of age. Our results also suggest that bronchiectasis and other radiographic evidence of chronic infection are apparent prior to airways obstruction in young CF patients.

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See also

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Keywords

Child; Bronchiectasis; Respiratory Tract Diseases;