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Use of Decametoxinum in bronchiectasis

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Abstract

The respiratory microbiota in patients (p) with bronchiectasis (B) plays a great role in the etiology and pathogenesis of B. The study aimed to determine lung microbiota composition during stable disease and the effect of Decametoxinum (DECASAN®) inhalations on it. Cohort of pin stable phase with confirmed by HRCT B was included. Isolation and identification of pathogens were conducted by bacteriological methods. Nebulized inhalations of antimicrobial drug DECASAN® (0.8 mg) were carried out twice a day, duration-14 days. Sputum samples were examined on the baseline and after 14 days of treatment. 60 p were examined. The average age -52.9±14.3 years, 15 of them were men (25%). Pathogens were detected in 37 (61.7%) samples (s), the combination of pathogens in seven (11.7%) patients. P.aeruginosa (PA) was identificated in 13 (21.7%) s, it`s combination with H.influenza in one patient (1.7%) and A.niger in one patient (1.7%). Among the pathogens identified in the remaining 24 patients were: H.influenza – in 13 s (21.7%), H.parainfluenza – in one patient (1.7%), NF gram negative bacilli – in one patient (1.7%), S.aureus – in two patients (3.4%), C.albicans – in four patients (6.8%), S.pneumoniae in two patients (3.4%), A.niger in one patient (1.7%). DECASAN® took 24 p, five p had combination of pathogens (p without sputum colonization and p colonized by PA were excluded). Their median bacterial load at the beginning of treatment was 6 log10 CFU*g-1 (5; 7.5), after 14 days - 4 log10CFU*g-1 (0; 6). P on the treatment had a significant reduction (p=0.0006 by the Wilcoxon test) in total sputum bacterial load. 10 (41.7 %) out of 24 subjects reported pathogen eradication. DECASAN® showed effectiveness in p with colonized sputum by non-PA pathogens.

Bronchiectasis Treatments Mirobiome/Microbiota

Footnotes

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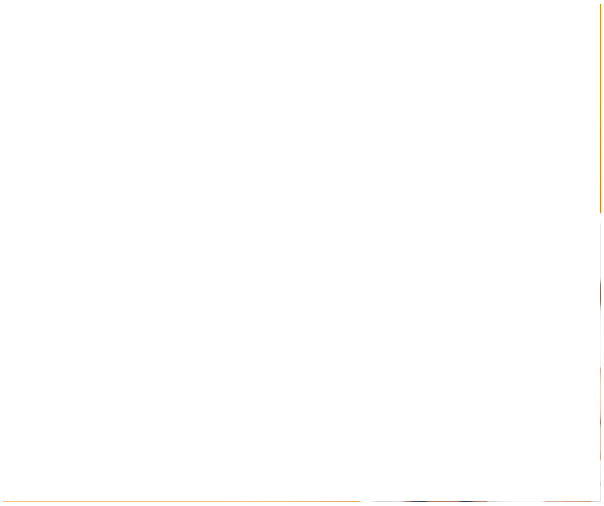

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