



POSTER PRESENTATION

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HTLV-1 and bronchiectasis in a UK cohort, report and review

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Background

Associations between HTLV-1 and pulmonary disease have been reported but causality and risk have not been confirmed. Pulmonary function tests have been routinely offered to new patients attending the UK HTLV service whilst a retrospective case review has been conducted to determine the prevalence of diagnosed bronchiectasis.

Method

The cohort was categorised into HTLV-1 symptomatic patients (SPs) (ATLL, HAM/TSP, polymyositis and strongyloidiasis) and asymptomatic carriers (ACs). Computerised tomographic (CT) imaging performed was reviewed. In 60 patients disease state was correlated with pulmonary function and HTLV-1 proviral load (VL).

Results

8/249 ACs and 27/164 SPs had a CT, with productive cough +/- recurrent chest infections the predominant indication. Bronchiectasis was diagnosed in one AC (1/249) and 10 SPs (1 polymyositis, 1 ATLL, 8 HAM/TSP) (10/164, OR 16.10; $p=0.0084$). In univariate analysis increased rates of bronchiectasis were seen in HAM/TSP patients compared with all other categories (OR 14.1 $p<0.0001$) and non-African/Afro-Caribbean ethnicity subjects (OR 4.2; $p=0.019$) whilst age was significantly associated with bronchiectasis ($p=0.002$). PEFr (4.96 l/s vs. 6.77 l/s; $p=0.0003$), FEV1 (2.22 vs. 2.57; $p=0.06$) and KCO (1.35 s^{-1} vs. 1.59 s^{-1} ; $p=0.0029$) were all lower in SPs ($n=27$) compared with ACs ($n=33$) with a negative correlation between VL and PEFr ($r=-0.25$).

Conclusion

Bronchiectasis was common in the cohort and therefore HTLV serology should be considered in patients with bronchiectasis. Patients with non-pulmonary HTLV-1-associated disease are more likely to have an additional diagnosis of bronchiectasis and obstructive lung disease pattern than ACs suggesting an inflammatory aetiology.

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