



"Early" *Pseudomonas aeruginosa* colonization in cystic fibrosis patients

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European Respiratory Journal 2022 60: 457; DOI: 10.1183/13993003.congress-2022.457

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Abstract

Introduction: Early *Pseudomonas aeruginosa* (PA) colonization in cystic fibrosis (CF) patients, which has increased in recent years, is associated with increased mortality.

Aims: To evaluate clinical features of patients with early PA colonization (<2 years of age) (Group 1) and compare with non-PA colonized patients (Group 2) in the Cystic Fibrosis Registry of Turkey (CFRT).

Method: 285 of 1632 patients recorded in the CFRT-2019, who were under 2 years of age, were evaluated. Demographic and clinical features, genetic test results, colonization status, treatments used and accompanying complications were recorded.

Results: Of 23 (8.1%) patients with PA colonization, 47.8% were female and the mean age at diagnosis was 0.18±0.19 (0.01-0.83) years. Neonatal screening test (NST) was positive in 17 patients. None of the patients had a history of meconium ileus. Genotyping was performed in all patients and two of them were unidentified. 21 patients had different mutations and one patient was deltaF508 homozygous. There were no differences between the groups 1 and 2 in terms of age, gender, mean z-scores of weight, height, NST, and accompanying complications ($p>0,05$), but all patients in group 1 used rhDNAse and multivitamin greater than group two ($p<0,05$). Staphylococcus aureus (SA) colonisation ($p<0.001$), SA isolation on recent sputum culture positivity ($p=0.007$), mean total hospitalization days for all reasons ($p=0.001$), and oxygen supplementation ($p=0.035$) were significantly higher in patients with PA colonization.

Conclusions: Early PA colonization is not rare and all children with CF should be followed-up carefully, especially whom infected with SA.

Bacteria Children

Footnotes

Cite this article as *Eur Respir J* 2022; 60: Suppl. 66, 457.

This article was presented at the 2022 ERS International Congress, in session "-".

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ISSN

Print ISSN: 0903-1936
Online ISSN: 1399-3003

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