Abstracts: Poster Sessions

P93 FOREIGN BODY MISDIAGNOSED AS ASTHMA
A. ARIAS MD., G. GALINDO MD., S. GONZALEZ MD., C. CANSECO MD. UNIVERSITY HOSPITAL MONTERREY, N.L. MEXICO

A 9 YEAR OLD BOY WAS REFERED TO US WITH RECURRENT UPPER RESPIRATORY INFECTION. AT THE AGE OF FOUR HE BEGAN WITH NASAL OBSTRUCTION, MUCOUS RHINORREA, NOCTURNAL COUGH, PRODUCTIVE OF WHITE-YELLOW SPUTUM, WHEEZING AT NIGHT AND OCCATIONAL FEVER. HE HABITUALLY RECOVERED AFTER 1 TO 4 DAYS OF SYMPTOMATIC TREATMENT. HIS PEDIATRICIAN FOUND EXPIRATORY WHEEZING AND PRESCRIBED SEPTRA AND SUDAFED; AT HIS FOLLOW-UP HE PERSISTED WITH WHEEZING. A SINUS X RAYS SHOWED MAXILAR SINUSITIS TREATED WITH AMPICILIN/SULBACTAM AND LORATADINE/PSEUDOEFERINE. THE WHEEZING PERSISTED AND HE WAS REFERED TO US WITH THE DIAGNOSIS OF BRONCHIAL ASTHMA. CHANGES CONSISTENT WITH CHRONIC RHINOSINUSITIS WERE FOUND AT THE RHINOSCOPY, AUSCULTATION OF THE LUNGS REVELED BILATERAL INSPIRATORY AND ESPIRATORY WHEEZING; A NASAL CYTOLOGY SHOWED PMN AND INTRACELLULAR BACTERIA, HIS PFT SHOWED SEVERE OBSTRUCTIVE AND MODERATE RESTRICTIVE DISEASE, A WATERS X-FILM REVELED MUCOPERIOSTEAL THICKENING OF THE MAXILAR SINUS, AND OPACITY IN THE ETHMOIDAL SINUS. THE CHEST X FILM SHOWED AN ATELECTACY OF THE UPPER SEGMENT OF THE RIGHT LUNG AND A FOREIGN BODY (A TACK) IN ITS MIDDLE SEGMENT, WHICH WAS RECUPERATED BY BRONCHOSCOPY.
TWO WEEKS LATER HE HAD OCCATIONAL COUGH AND LIMITED RHINORREA, AUSCULTATION OF THE CHEST WAS NORMAL. A CONTROL PFT WAS ALMOST NORMAL. NEITHER THE PARENTS OR THE CHILD COULD EXPLAIN HOW THE FOREIGN BODY REACHED THE RESPIRATORY TREE; THE PATIENT IS NOW COMPLETLY ASYMPTOMATIC.

P94 CHANGES IN SERIC POTASSIUM IN ASTHMATIC -- CHILDREN RECEIVING NEBULIZED ALBUTEROL.
R. Cerino, MD; E. Patiño, MD; A. Meza, MD; L. Arreguín, MD; R. García, MD; G. López, MD. México City, México.
INTRODUCTION: Hipokalemia is a secundary - effect described with the use of albute--- rol.
Prospective, longitudinal, observational - and comparative study of several cohorts - was designed in order to compare the seric potassium of nebulized albuterol.
MATERIALS AND METHODS: 23 subjects with - ages between 2 to 16 years with asthmatic- crisis, who were admited to the emergency- room of the Instituto Nacional de Pedia--- tría. We administered nebulized albuterol- 1 mg in children with weight of less of 10 kg and 2.5 mg in children over 10 kg. Samples of venose blood were taken to determi nate levels of K+ and gasometry.
RESULTS: 11 male and 12 female of which 18 had mild acute asthma and 5 had moderate - acute asthma. The initial K+ was of 3.7 to 5.6 mmol/l (mean 4.46), 60 minutes after - was 3.3 to 4.7 mmol/l (mean 4.1), with de- creased of 0.3 mmol/l with p=0.01. The ini tial pH was between 7.34 and 7.48 (mean - 7.39) and post 7.34 to 7.46 (mean 7.38).
CONCLUSIONS: Nebulized albuterol in doses- from 1 to 2.5 mg, decreases the seric pota ssium in a statistical significative way - 0.03 mmol/l 60 minutes after of the admi-- nistration.

P95 NIH GUIDELINES' (NIH-GL) IMPACT ON ASTHMATIC PATIENTS' TREATMENT IN MEXICO,
D.E.S. Larenas Linnemann, MD; A. Pedroza Meléndez, MD; J.G. Huerta López, MD; J.A. Ortega Martell, MD; Mexico-city, Mexico

Insights into the pathophysiology of asthma changed during the last decade. The importance of inflammation became obvious and early use of cortico-steroids is indicated. Accordingly revised therapeutic guidelines were published in the US in 1991 and in Mexico in 1994.
Purpose: to evaluate the asthma management of Mexican allergists, the NIH-GLs' impact and to compare mexican and US practice.
Methods: a questionnaire used among US allergists was translated into spanish and sent to their Mexican collegues.
Results: 62 (139 in US) questionnaires were returned. To evaluate the asthmatic patient 96% (US 19%) use a classification of severity, 40% (73) use pulmonary function tests and 57% (50) take a lung X-ray. 8% (40) apply oxigen to a wheezing patient, 86% (89) use inhaled beta-agonists as first medication, salbutamol/albuterol being first choice in 80% (95). Cortico-steroids are used early in an asthmatic attack by 82% (82); 30% give them erroneously inhaled; 14% (11) wait till admission. 12% (8) use anticholinergics still often. 50% (50) changed their management after NIH-GL, 41% after mexican-GL publication.
C: Some allergists still manage incorrectly.

P96 UNILATERAL HYPERLUCENT LUNG SYNDROME MIMICKING ASTHMA ON PRESENTATION,
M.L. Decco, MD; E.J. O'Connell, MD; and M.I. Sachs, PhD, DO, Rochester, Minnesota

8yowf who presented with a 6-month history of cough and shortness of breath (SOB). Onset was with typical URI symptoms, progressing to a prolonged course of cough with audible wheezing, worse at night, and a 5-pound weight loss. Past medical history was significant for SOB with exercise. Family history was notable for atopy and asthma. Physical examination revealed a healthy-appearing female with a cough and inspiratory crackles over the left lung field with equal breath sounds and no clubbing.

CBC and chemistries were normal. RASTs to common allergens were negative. Chest x-ray (CXR) revealed areas of atelectasis in the left lung. After no improvement was noted with several courses of antibiotics, PFT's defined a pattern of moderate obstruction with no bronchodilator response. Lung volumes were normal. The patient was started on a short course of oral steroids, Albuterol nebs, and Triamcinolone MDI.

With little change in her symptoms, repeat CXR revealed unilateral hyperlucency of the left lung. An inspiratory-expiratory chest CT scan revealed patchy attenuation to bronchial and vascular structures in the left lung with small amounts in the right lung, consistent with bronchiolitis obliterans (BO).

The patient was then referred to Mayo for further evaluation and treatment. PFT's indicated stabilization of the obstructive process. BO should be suspected in the following circumstances: 1) persistent wheezing or cough after acute pneumonia, 2) prolonged isolated crackles or wheezing, or prolonged exercise intolerance after acute pulmonary insult, 3) hyperlucent lung syndrome, and 4) respiratory symptoms with a paucity of CXR findings. No controlled study of the effects of oral steroids on the course of BO in the pediatric population has been performed, and beneficial results are not predictable.