**PS 0001**

**Postoperative Adverse Outcomes in Patients with Asthma: A Nationwide Population-Based Cohort Study**

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**Background:** Limited information was available regarding the postoperative adverse outcomes among surgical patients with asthma in population-based study. The purpose of this study is to investigate postoperative major complications and mortality in surgical patients with asthma.

**Methods:** Using reimbursement claims from the Taiwan National Health Insurance Research Database, we identified 24,109 surgical patients with preoperative asthma and 24,109 non-asthma patients undergoing major surgeries using matching procedure with propensity score by sociodemographics, coexisting medical conditions and surgical characteristics. Adjusted odds ratios (ORs) and 95% confidence intervals (CIs) of 30-day postoperative complications and mortality associated with asthma were analyzed in the multivariate logistic regressions.

**Results:** Predisposing asthma increased postoperative pneumonia (OR, 1.48; 95% CI, 1.34–1.64), septicemia (OR, 1.11; 95% CI, 1.02–1.21), and urinary tract infection (OR, 1.17; 95% CI, 1.09–1.26). Preoperative emergency care for asthma was significantly associated with postoperative 30-day in-hospital mortality, with an OR of 1.84 (95% CI, 1.11–3.04). Preoperative emergency service, hospitalizations, intensive care unit (ICU) admissions, and systemic use of corticosteroids for asthma were also associated with higher postoperative complication rates for asthmatic patients. Admission to intensive care unit for caring asthma preoperatively was associated with postoperative pneumonia (OR, 1.64; 95% CI, 1.37–1.97), septicemia (OR, 1.75; 95% CI, 1.50–2.05), urinary tract infection (OR, 1.85; 95% CI, 1.60–2.15) and mortality (OR, 1.88; 95% CI, 1.35–2.62).

**Conclusions:** Postoperative complications and 30-day mortality rates were significantly increased in asthmatic patients undergoing major surgeries. We suggest special attention and urgency revising the protocol of perioperative care for this specific population.

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**PS 0002**

**Prophylactic Efficacy of Immunomodulatory Drugs with Asthma in Adolescents**

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Changes in the immune status of patients with asthma in adolescence, manifested deficiency of interferon's, create preconditions for frequent acute respiratory viral infections and the development of their background exacerbations of the disease. The purpose of the study was to examine the preventive efficacy of N-methylglucamine salt of acridine acetate cyclofenol in complex treatment of patients with asthma according to the results of observation during 12 months. In the department of Allergology Samarkand City were examined 57 adolescents and youth with asthma aged 12 to 21 years treated cyclofenol in a complex of basic therapy. Verification of the diagnosis of asthma was conducted according to the international classification and in accordance with the diagnostic criteria—GINA. Prophylactic efficacy was assessed by clinical characteristics not earlier than one year after the course immunomodulatory therapy. All studies were performed with the informed consent of subjects and in accordance with the ethical standards. In the study of clinical data of patients treated cyclofenol, with their raw data revealed a significant decrease in the frequency of exacerbations during the year. Reduction of exacerbations of asthma during the year in patients receiving treatment course with the drug cyclofenol, averaged 3 exacerbations per year, whereas prior to the current treatment of exacerbations of asthma recorded an average of 7 times. The average duration of an exacerbation in patients treated cyclofenol, averaging 3.6 days has significant differences from the index, calculated prior to the application of immunomodulators in treatment of asthma in adolescents. Thus, the courses of nonspecific immunotherapy drug cyclofenol in asthmatic adolescents 2 times reduces the incidence of asthma exacerbations. By the absence adverse effects and improve clinical indicators cyclofenol can be recommended in the complex treatment of patients with asthma in adolescents.

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**PS 0003**

**Adrenal Insufficiency Associated with Long-Term Use of Inhaled Steroid in Asthma**

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**Background:** We reported previously that as much as 1/3 of hospitalized asthmatics treated with inhaled steroids (ICS) for average 4.5 years showed adrenal insufficiency in a dose-dependent manner. Because the result might be overestimated due to subject selection bias, this study examined adrenal function in out-patient asthmatics of a tertiary hospital.

**Methods:** Twelve normal control and 135 consecutive adult asthmatics under ICS treatment for 6 months or more underwent a rapid ACTH stimulation test. Adrenal insufficiency was defined as a serum morning cortisol level < 3 μg/dl after an administration of 250 μg ACTH.

**Results:** The mean duration of ICS use in the patients were 8.30±0.43 years. Adrenal insufficiency was found in a manner dependent on the ICS daily doses [control 2/12 (16.7%), low 17/29 (58.6%), medium 34/54 (63.0%), and high 32/52 (61.5%); X²=4.23, P=0.04]. The total doses of nasal steroid (NCS) and ICS were significantly related with each other (r=0.543, P=0.000). The number of NCS canisters (32.5±2.7 vs. 24.8±2.6, P=0.04), but not the duration/total dose of ICS, was significantly higher in the patients with adrenal insufficiency than the other patients. Only the NCS dose seemed to relate with adrenal insufficiency [odds ratio: 1.016 (95% CI: 1.000–1.033); P=0.056].

**Conclusion:** Even low dose ICS seem to induce adrenal insufficiency in more than a half of asthmatics when it was administered for a very long time, especially in the patients used NCS together.

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**PS 0004**

**Allopurinol-Induced Drug Reaction with Eosinophilia and Systemic Symptoms : A Case Report**

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Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a disorder associated with various drugs and characterized by cutaneous drug eruption, eosinophilia and systemic symptoms. The diagnosis poses difficulties due to its heterogeneity and long latency period. We report a case of 25 year old male with medical history significant for stage four chronic kidney disease, recently started on allopurinol for hyperuricemia, presented with fever, generalized exfoliative dermatitis and jaundice. Laboratory examination revealed hyperuricemia, hyperuricemia, elevated bilirubin and elevated liver enzymes. Magnetic resonance imaging revealed acalculous cholecystitis and gallbladder hydrops. He was successfully treated with oral methylprednisolone and bepotastine.