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A case report on a 29 year old male with difficulty to treat bronchial asthma in exacerbation: Rediscovering Asthma COPD Overlap Syndrome (ACOS)

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Background: Asthma COPD Overlap Syndrome (ACOS) was formally described by the Joint Project of GINA and GOLD as persistent airflow limitation with several features usually associated with both Asthma and COPD. ACOS is identified by the features shared with both Asthma and COPD. The underlying cause though remains unknown; hence the project did not offer current formal definition.

Objective: The objective of this article is to present a case of 29 years old male initially diagnosed of Asthma and on further diagnostic investigation is a likely case of Asthma COPD Overlap Syndrome (ACOS).

Overview of the Case: XY is a 29 years old male, asthmatic and 8 pack years' smoker who presented with chronic obstructive respiratory symptoms with non-significant improvement on control of exacerbation despite standard maximal therapy. Diagnostic tests such as Pulmonary Function Tests, 2D Echo, Chest CT Scan and assay for alpha 1 anti-trypsin were done to rule out for other disease entities and prognosticate the patient's condition leading to the diagnosis of Asthma COPD Overlap Syndrome (ACOS).

Conclusion: Asthma COPD Overlap Syndrome (ACOS) as a disease entity is still under debate and still has no current formal definition due to lack of specific biomarkers and lack of defining characteristics. Despite this, management should not be compromised, since these patients often present with higher rates of exacerbations, hospitalization, associated co-morbid illness and mortality. Treatment can be maximized to the so called Triple Therapy defined as combination Long Acting Beta Agonist + Inhaled Corticosteroid + Long Acting Muscarinic Antagonist, however management strategies must be always individualized depending on co morbid illness, patient's functional capacity and response to initial treatment.

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