view abstracts | download to citation manager | Go

format: standard

☑ **6.2 Occupational and Environmental Health**

Hamidreza **Abtahi** and Maryamossadat Moinazad Tehrani

Asthma and COPD in war-related sulfur mustard exposed patients

Eur Respir J 2014 44:Suppl 58, P4130

...Congress, Munich, Germany 6-10 September 2014 Asthma and COPD in war-related sulfur mustard exposed patients Hamidreza **Abtahi** 1 2 Maryamossadat Moinazad Tehrani 3 1 Pulmonary and Critical Care Department, Imamkhomeini Medical Center, Tehran University...

» Abstract

☐ **10.1 Respiratory Infections**

Soheil Peiman, Hamidreza **Abtahi**, and Zeynab Yassin

Significance of first arterial carbon dioxide pressure in patients hospitalized with community acquired pneumonia

Eur Respir J 2014 44:Suppl 58, P2578

...first arterial carbon dioxide pressure in patients hospitalized with community acquired pneumonia Soheil Peiman 1 Hamidreza **Abtahi** 1 Zeynab Yassin 1 1 Advanced Diagnostic and Therapeutic Thoracic Research Center, Tehran University of Medical Sciences, Tehran...

» Abstract

For checked items

view abstracts | download to citation manager | Go

[x] close

Asthma and COPD in war-related sulfur mustard exposed patients

Abstract

Introduction: There is few data about late respiratory effects of war-related sulfur mustard (SM) inhalation. We evaluated non-bronchiolitis obstructive pulmonary diseases in SM victims of Iran-Iraq war 18-22 years after their SM exposure.

Methods: A cohort of SM patients of a referral clinic with diagnosis of obstructive pulmonary diseases were evaluated. Comprehensive recording of SM exposure events, demographic characteristics, presenting symptoms and signs, chest X-Ray, inspiratory/expiratory HRCT, baseline and bi-monthly spirometry, and medications was done. The prevalence of asthma and COPD and their association with age on exposure, number of exposures, mask use during exposure and history of smoking was studied.

Results: In 100 Iranian SM victims (mean age 43.8± 7.6, range 34-75) years, the study was completed. All patients had ocular and dermal symptoms at time of their SM exposure. 43 and 36 out of 100 patients had asthma and COPD respectively. 50% of steroid unresponsive and 70% of steroid responsive COPD patients was less than 45 years old. Asthma prevalence was not different between different age groups. However, asthma accession in the following years in the age group "13-22" years at time of SM exposure is more than older age groups (P=016). Asthma and COPD prevalence in SM victims were not associated with number of exposures, smoking before or after exposure, and mask use during exposure.

Conclusion: Some features of asthma and COPD in SM victims were different from typical asthmatic and COPD patients and suggest