

COPD 2019: Biomarkers predicting outcomes in Asthma exacerbation Decatur memorial Hospital, Decatur

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There is a growing research interest aimed toward predicting the prognosis of patients with simple blood tests associated with systemic inflammation. Neutrophil to lymphocyte ratio (NLR) and platelet to lymphocyte ratio (PLR) are recently defined novel inflammatory markers, which are readily available, which they're studied during variety of inflammatory conditions. We aimed to research the role of NLR and PLR in predicting outcomes in patients admitted with asthma exacerbation. Retrospectively we reviewed the clinical and demographical characteristics of 162 patients who were admitted for asthma exacerbation during a community hospital from Jan 2016 to December 2018. These patients were divided into 3 equal tertiles supported their admission NLR and PLR ratio. We also reviewed the charts of 70 stable asthma patients who were seen within the office for routine follow up visits. The first, second and third NLR tertiles were $NLR < 2.5$, $2.6 \leq NLR < 6$, and $NLR \geq 6$, respectively. The first, second and third PLR tertiles were $PLR < 120$, $121 \leq PLR < 188$ and $PLR \geq 188$, respectively. Among the NLR group, compared to the patients within the primary tertile, patients in 3rd tertile had higher average length of stay (7 days vs. 3 days, $p < 0.006$), need for mechanical ventilation (16.5% vs 2.5%, $p < 0.001$) and 30 day readmission rate (17% vs. 4%, $p < 0.03$). The results of this study showed that NLR and PLR obtained at the time of admission are very useful in predicting the clinical outcomes in patients admitted with asthma exacerbation. Patients with NLR ratio above 6 and PLR ratio above 188 at the time of hospital admission had higher average length of stay, need for mechanical ventilation and better 30-day readmission rate. NLR and PLR are increased in stable asthmatic patients compared to normal subjects. Further studies are required to raised elucidate the roles of

these novel inflammatory markers in asthma. Last week, I attended my first-ever Asthma and COPD professional conference, in Tokyo, Japan. because the COPD Practitioner at my university for two years, i accustomed be giddy at the prospect of attending the conference and interacting with fellow J Pulm Respir Med. while I'm not in academics or pursuing a master's degree, I wanted to experience a conference and be in an environment where books and writing were the most focus all day and night. I attended the convention with Deepthi Gudivadamy fellow COPD major and friend from college, which we had a blast. Spending the days taking note to fellow book lover's discuss themes in classic literature and exploring Lung and system Related books from bookstores lived up to my expectations. But like anything in life, i noticed after further reflection that i've got lots to seek out about the art of conference attending. Here are some areas I learned i'd prefer to enhance on from my first conference experience. I did not realize how packed the convention schedule was. Some days, we were within the convention center at 8 a.m. and left at 9:30 p.m. sure, there are breaks for lunch and dinner, but it's really hard when you're an overachiever to require you'll skip a session if you would like a rest. I felt like I needed to attend every session because I paid to be there and it would be a waste of some time and money to not get the foremost out of the experience. But...that's pretty taxing, especially when you're an introvert who melts a touch just from being around people (even when you're not rebuke them). At future conferences, I'm visiting be atiny low amount more strategic about planning breaks throughout the day, whether or not it means skipping a session to require a seat alone during a corner somewhere and refresh.

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