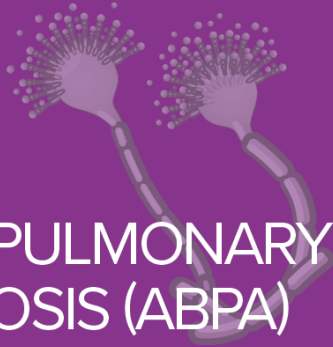




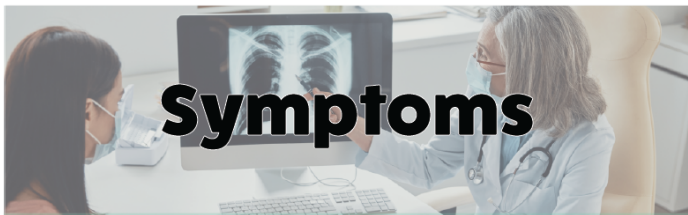
ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS (ABPA)



ABPA is a condition related to allergy to a fungus called Aspergillus.

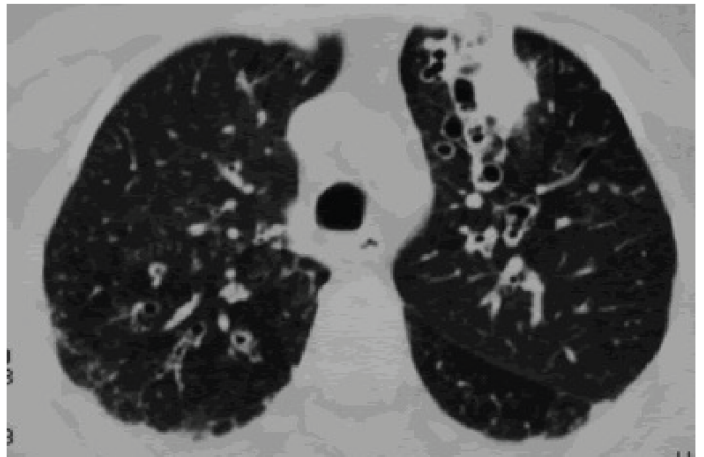
Aspergillus is a fungus that is present in the environment with spores that can be inhaled into the lung. In most people the fungus is cleared from the lung without causing any problem. However, in certain individuals who are susceptible most commonly related to underlying asthma or cystic fibrosis it can cause damage to lung tissue.

ABPA can present in different ways. Commonly, however, individuals with ABPA develop '*bronchiectasis*' which is a dilation of the lung airways, releasing more mucus and resulting in susceptibility to infection.



Symptoms

- ✓ Wheezing or worsening of asthma
- ✓ Shortness of breath
- ✓ Cough - may be productive of (possibly discoloured) sputum
- ✓ Fatigue
- ✓ Recurrent chest infections
- ✓ Risk of coughing up blood – called haemoptysis



CT image showing presence of bronchiectasis due to ABPA.



You are not alone!

Find more information and
support at:

[AspergillosisTrust.org](https://www.AspergillosisTrust.org)



ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS (ABPA)



How is it diagnosed and what investigations will I have?

The diagnosis of ABPA is mostly based on a combination of blood tests and imaging of your lungs. Sputum tests can also be helpful.

Blood Tests:

- ✓ These will look for allergy levels in your blood specific for *Aspergillus*. If these are high, they may indicate ABPA. They are also used to monitor ABPA whilst on treatment.

Lung Imaging:

- ✓ A chest x-ray and CT (Computed tomography) scan: CT imaging is the most sensitive imaging to screen for features suggestive of ABPA. This will look for bronchiectasis and other features sometimes seen in ABPA.

It is important also to ensure that screening is performed if appropriate for underlying genetic diseases that can predispose to ABPA such as Cystic Fibrosis. This will usually involve blood tests and /or sweat testing and may require referral to a specialist centre.



Breathing is the
greatest pleasure
in life

Treatment

The mainstay of treatment for ABPA is steroids and antifungal medication.

Steroids: These can be administered by inhaled or oral route. In more severe disease, oral steroids (e.g. Prednisolone) are required to achieve disease remission and stability

Antifungal medication: These are often used to reduce steroid requirements and most commonly include azole antifungal medication (e.g. Itraconazole)

Newer monoclonal antibody therapies (e.g. Omalizumab) that target the allergy immune pathway can potentially be considered in individuals with ABPA with a background of asthma in severe steroid dependent disease.

It is important where possible to try and avoid increased exposure to *Aspergillus* spores for individuals for ABPA. Mould is found in soil, plants, haystacks, compost and rotting leaves.

Suggestions include:

- ✓ Damp rooms where there is an increased risk of mould. Ensure good ventilation and avoid drying laundry in the bedroom or living spaces
- ✓ Avoid exposure to compost and consider using a mask with FFP2 filter if undertaking gardening – Use a mask with an FFP2 filter.