## Acute Effect Of High Dose Inhaled Corticosteroids In Management Of Bronchial Asthma

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## **Abstract**

The acute effect of budesonide was studied in this work:

This study included 30 asthmatic patients in acute attack, all patients manifested clinically by the presence of dyspnea, chest wheezes, cough, after exclusion of other chest diseases and by the presence of reversible obstruction in the pulmonary function tests (more than 15% in FEV1). In both group the FEV1/FVC was less than 75% thus showing the obstruction in the airway according to **Georage**, et al; 1995

Group "A" composed of 20 patients who received 1000g budesonide by nebulizer using facemask, the spirometeric parameters (FVC, FEV1, FEV1/FVC, FEF 25-75%, FEF75-85% and PEF) were measured after ½, 2, and 6h of nebulization.

Group "B" composed of 10 patients who received 2cc normal saline solution 0.9% (as a control group) the same spirometeric parameters were measured at the same interval as group "A".

Group "A" show improvement, which started 1/2h after nebulization. It reached the peak after 2hs, but started to declines after 6hs without reaching the base line. On the other hand, in group "B" the improvement reached the peak after 1/2 h, but after 6hs it reached the base line or even below.

The statistical comparison between the two groups according to the percent of change 1/2h following nebulization was highly significant in respect of FEV1, FEF25-75%, FEF 50 with P<0.005 respectively, but insignificant in respect of FVC, FEF 75-85% although the mean value show difference from 23.55 & 32.4 in group "A" and from 10 & 17 in group "B".

Two hours following nebulization, there was highly significant difference in FVC, FEF 25-75%, FEF 75-85%, FEF 50 with P <0.001, significant in FEV1 with P 0.01 and significant PEF with P 0.03.

After 6 hours there was highly significant difference in FEF 25-75%, FEF 50, with P 0.002 and significant in FEV1 with P0.01.

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