

# Diagnostic Imaging Pathways - Bronchiectasis

## Population Covered By The Guidance

This pathway provides guidance on imaging patients with suspected bronchiectasis.

**Date reviewed: April 2018**

**Date of next review: April 2021**






**Published: June 2018**

## Quick User Guide

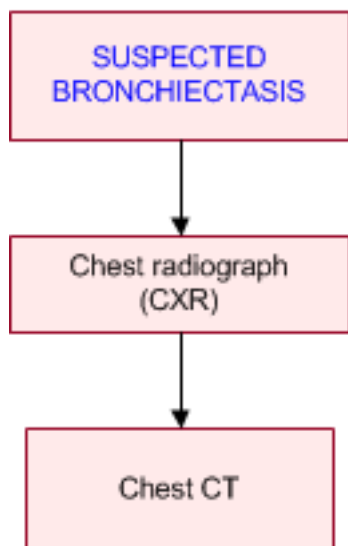
Move the mouse cursor over the PINK text boxes inside the flow chart to bring up a pop up box with salient points.

Clicking on the PINK text box will bring up the full text.

The relative radiation level of each imaging investigation is displayed in the pop up box.

SYMBOL	RRL	EFFECTIVE DOSE RANGE
	None	0
	Minimal	< 1 millisieverts
	Low	1-5 mSv
	Medium	5-10 mSv
	High	>10 mSv

## Pathway Diagram



Date reviewed: May 2018  
Please note that this pathway is subject to review and revision

## Image Gallery

*Note: These images open in a new page*



### Cystic Bronchiectasis

Image 1 (Plain Radiograph): Severe cystically dilated bronchi most marked in the upper lung zones bilaterally due to cystic fibrosis.



### Cystic Bronchiectasis

Image 2 (Computed Tomography): Multicystic space within the base of the left lower lobe which is continuous with the small airways and is representative of cystic bronchiectasis.



### Cystic Bronchiectasis

Image 3a: Pneumonectomy showing grossly dilated bronchi with mucous plugging (blue arrows) and distal consolidation.

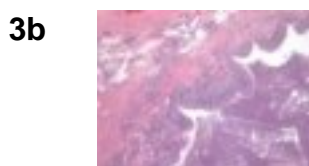


Image 3b (H&E, x2.5): Section of a dilated bronchi with florid acute on chronic inflammation of the bronchial wall and surrounding interstitial fibrosis.

## Teaching Points

- Bronchiectasis is a clinical syndrome involving irreversible damage and dilatation of the bronchi
  - The diagnosis of bronchiectasis requires the presence of clinical symptoms as well as characteristic radiographic features on chest CT
- A chest radiograph is useful to exclude other causes of the patient's symptoms. In severe disease, it can demonstrate changes of bronchiectasis
- Chest CT is the investigation of choice to define the type and extent of bronchiectasis

## Bronchiectasis

- Bronchiectasis is a clinical syndrome involving irreversible damage and dilatation of the bronchi [1](#)
- The diagnosis of bronchiectasis requires the presence of clinical symptoms as well as characteristic radiographic features on Chest CT [1](#)
- Bronchiectasis may be described as a final common pathway for several diseases associated with excessive bronchial inflammation, bacterial colonisation and infection. [2](#) Cystic fibrosis is the most recognised cause of bronchiectasis, [3](#) however, the prevalence of non-CF bronchiectasis is increasing. [4](#) Causes of non-CF bronchiectasis include primary antibody deficiency syndromes, certain infections, autoimmune conditions and other mucociliary clearance defects. [2, 3](#)

Bronchiectasis is becoming increasingly associated with COPD, and is associated with poor outcomes when present [5](#)

## Plain Chest Radiograph (CXR)

- Relatively insensitive for bronchiectasis, but usually the initial investigation to exclude other causes for the patient's symptoms [6, 7](#)
- Compared to CT, CXR has a reported sensitivity of 88% and specificity of 74% [8, 9](#)
- May be normal in mild disease and underestimates the severity and extent of the disease [6, 7, 10, 11](#)
- Bronchiectasis patients commonly have abnormal CXR appearances but changes are often non-specific. [2](#) Findings suggestive of bronchiectasis include “tram track” appearance of dilated bronchi radiating from the hila, bronchial wall thickening and nodular or tubular opacities representing mucous impaction, [12, 13](#) however, these signs may also represent COPD, asthma or lower respiratory tract infection. [10](#) There may also be evidence of chronic lower airway infection such as calcifications or infiltrates [4](#)
- A baseline CXR is recommended in all bronchiectasis patients with repeat CXR based on clinical need, but CT is recommended to establish the diagnosis [10](#)
- There is poor correlation with infective exacerbations of bronchiectasis and radiographic changes [14](#) and exacerbations are usually defined by clinical signs and symptoms [10](#)

## Chest Computed Tomography (CT)

- CT Chest is the investigation of choice for diagnosing bronchiectasis [1, 10](#)
- CT can identify classify bronchiectasis into different morphologies including cylindrical, cystic and varicoid [3, 12](#)
- Typical features of bronchiectasis on CT include: [3, 10, 15-18](#)
  - Lack of tapering of the bronchial lumina
  - Dilated bronchi with internal diameter greater than that of the adjacent pulmonary artery
  - Visualized bronchi within 1 cm of the pleura
  - Mucus-filled dilated bronchi
- Radiographic findings can also point towards the underlying cause [18-20](#) although no aetiology is identified in a large proportion [21](#)
- Conventional HRCT with 1mm thick slices at 10mm intervals was considered the gold standard for diagnosis of bronchiectasis, [10](#) but it has been mostly replaced by multislice CT (or multidetector CT, MDCT) which can be reconstructed into thin slices to assess parenchymal and bronchial detail, and continuous thick slices to assess for small nodules. Multislice CT has a faster acquisition time and higher resolution when reconstructed in different planes. MDCT has been shown to be more accurate for diagnosing bronchiectasis compared to conventional HRCT [22, 23](#) and is preferred [1](#)

## References

**Date of literature search: April 2018**

References are graded from Level I to V according to the Oxford Centre for Evidence-Based Medicine, Levels of Evidence. [Download the document](#)

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