

阻塞性肺部疾病的重疊症候群

Overlapping syndrome in obstructive airway disease

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Chronic obstructive pulmonary disease (COPD) is characterized by persistent airflow limitation associated with an enhanced chronic inflammatory response. To date, treatment is guided mostly by the severity of airflow limitation, symptom assessment and exacerbation rate. Given the complexity and heterogeneity of COPD patients, there is an urgent need to classify them into distinct phenotypes for the purpose of diagnosis, predicting treatment response or guiding therapies. Despite this, current guidelines for COPD have not met the need for phenotype characterization very well. It is not easy to differentiate COPD from asthma based exclusively on clinical and physiological features. The difference between COPD and asthma lies in the pathophysiology, which can reflect the characteristics of cellular inflammation in the airway. The presence of eosinophilic inflammation is often viewed as a distinguishing feature of asthma, and helpful in differentiating it from COPD. Nonetheless, a substantial portion of asthma patients present with neutrophilic airway inflammation and COPD patients with eosinophilic inflammation. Subjects with both asthma and COPD diagnoses were reported to have more

severe respiratory discomfort, more frequent exacerbations and an enhanced response to inhaled corticosteroids compared to those with COPD alone. Moreover, the recent Spanish COPD guidelines proposed mixed COPD-asthma as a distinct phenotype of COPD patients, based on the presence of asthma-like evidence, including sputum eosinophilia, an enhanced bronchodilator reversibility, elevated serum total immunoglobulin E and a history of asthma or atopy. Although the cases defined by their criteria may be heterogeneous in nature, a step forward in dealing with the in distinct area amid COPD and asthma has been made.