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| **Chest Computed Tomography findings among adult Aboriginal Australians with Bronchiectasis in the Top End Northern Territory Australia** |
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| **Introduction/Aim:** To describe the chest computed tomography (CT) findings amongst an adult Aboriginal Australian cohort with bronchiectasis in the Top End Health Service (TEHS) region of the Northern Territory of Australia.  **Methods:** Aboriginal Australians aged >18 years with CT confirmed bronchiectasis between 2011 and 2020 were included. All chest CT reports were assessed as per the reporting radiologist for the following parameters: (i) confirm the presence of bronchiectasis (ii) lobar location (iii) unilateral or bilateral (iv) type of bronchiectasis when indicated (v) concurrent emphysema.  **Results:** 459 patients (55.3% female, median age 47 years) were included. The left lower lobe (LLL) (73.4%) and right lower lobe (RLL) (62.1%) were the most commonly affected, followed by right middle lobe (RML) (42.7%), Lingula (28.3%), right upper lobe (RUL) (27.5%) and left upper lobe (LUL) (21.8%). The type of bronchiectasis was recorded for 160 patients (34.9%), among whom cylindrical (33.8%) was the most common, followed by cystic (28.1%), traction (21.9%), tubular (16.3%) and no specific type (14.4%). 298 (64.9%) patients had bilateral bronchiectasis reported. Among patients with bilateral bronchiectasis, the LLL was affected significantly more commonly (89.3%) than among patients with unilateral bronchiectasis (44.1%), as was the RLL (83.6 vs. 22.4%), RML (52 vs. 25.5%), Lingula (36.9 vs. 12.4%) and LUL (26.8 vs. 12.4%). There were no differences in mortality or age of death between patients with bilateral or unilateral bronchiectasis.  **Conclusion:** The lower lobes are the most consistently effected areas for Aboriginal patients with bronchiectasis. Bilateral involvement is common and is particularly associated with LLL and RLL involvement. The results of this study may of use in the future in classifying bronchiectasis severity among the adult Indigenous peoples.  **Grant Support:** This research received the TSANZ - Robert Pierce Grant-In-Aid for Indigenous Lung Health. The TSANZ did not have any role in the study design, data collection, analysis, or interpretation. |