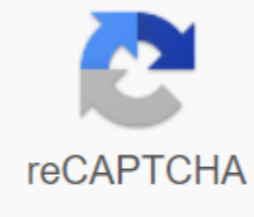




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Antibiotics are commonly used in people with bronchiectasis to treat recurrent lung infections. They are used to treat and prevent exacerbations, as well as to reduce the amount of bacteria that are present in the lungs. Bronchiectase Management In addition to recommended physical therapy and inhalation of fluticasone, which can reduce inflammation and improve respiratory obstruction, some people may need prolonged use of oral antibiotics for bronchiectase due to repeated exacerbations or outbreaks.2 Antibiotics may also be inhaled using a nebulizer. Sometimes the lungs of people with bronchiectase are chronically infected with bacteria that thrive in mucus. Due to the thickening and scarring of the airway wall, which is typical for bronchiectase, the effectiveness of antibiotic treatment results can be compromised. More severe infections in either people who are clinically unhealthy or do not respond to oral antibiotics may need antibiotics, data intravenously and possibly in hospital. One of the most difficult bacteria to treat is *Pseudomonas aeruginosa*. It is resistant to most antibiotics in normal doses. Studies of the use of antibiotics in the treatment of bronchiectase Five studies regarding the long-term use of antibiotics in ply bronchiectase have been positive for antibiotics, which have affected the volume and amount of bacteria in the sputum. Azithromycin reduced the number of exacerbations compared to conventional care, while gentamicin inhaled twice a day for three days improved the production of sputum, infections, respiratory obstruction, and the ability to exercise. Inhaling tobramycin twice a day for four weeks removed *Pseudomonas aeruginosa* in 35% of the participants group and improved condition in 62% of patients in these studies. Inhalation of ceftazidim and tobramycin twice a day for 12 months reduced the number of hospitalizations and the length of hospital stay. Antibiotic treatment for bronchiectase erupts People with bronchiectase can cough up significant amounts of sputum, even if they are good. Therefore, it is important to identify aggravations, or outbreaks, when they occur to begin appropriate treatment. Oral antibiotics are currently used to treat acute exacerbations of bronchiectase in adult amoxicillin, 500-1000 mg three times a day for streptococcal pneumonia and haemophilic influenza; co-amoxiclav, 625 mg three times a day, for *Moraxella catarrhalis*; flucloxacillin, 500-1000 mg four times a day, for *Staphylococcus aureus*; rifampicin, 400-600 mg once a day, fucidin, 500 mg three times a day, and ciprofloxacin, 750 mg twice a day, for *Pseudomonas aeruginosa* and coliforms (bacteria in the shape of a rod usually present in the intestine). Intravenous antibiotics may be required in severe or when oral use is unable to treat acute aggravation. IV antibiotics are currently used for such cases of benzylpenicillin, 1.2 g once a day, with streptococcal pneumonia; Cefvoxime 1.5 g three times a day, or ceftriaxone 2 g once a day, for haemophilic influenza and vancomicin *Moraxella catarrhalis* for MRSA; ceftazidime, 2 g three times a day, for *Pseudomonas aeruginosa*; and cefvoksim 1.5 grams three times a day with *E. coli*. Long-term antibiotics for bronchiectase Long-term antibiotics are used in people with bronchiectase to improve symptoms, reduce exacerbation and improve quality of life. These include amoxicillin, 500 mg twice a day, for streptococcal pneumonia, haemophilus flu and *Moraxella catarrhalis*; flucloxacillin, 500-1000 mg twice a day, for *Staphylococcus aureus*; and trimethoprim 200 mg twice a day for MRSA. Future antibiotic treatment strategies for people with bronchiecta may change as interest in inhaled treatments as an alternative to oral antibiotics grows. New non-bullish (amikacin, aztreonam, colistin and phosphomycin with tobramycin) and dry powder (ciprofloxacin, colistin and tobramycin) have been developed, which can benefit these patients. Bronchiectasis News Today is Strictly news and information site about the disease. It does not provide medical advice, diagnosis or treatment. This content is not intended to replace professional medical advice, diagnosis or treatment. Always seek advice from your doctor or other qualified doctor with any health issues you may have. Never ignore professional medical advice or delay in finding it because of something you read on this site. Reed LM Reducing Bronchial Bronchiexes. *Chest*. 1950 September 5 (3):233-47. (Medline), (Full text), Tiddens HA. 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