

# POINTS TO REMEMBER FOR CLINICAL PRACTICE

## Non-Infectious Pathologies of the Lungs and Lower Airways

- Anomalies of the lung parenchyma and of bronchial and pulmonary arterial circulation are more frequent in patients with trisomy 21 than in the neurotypical population.
- Some of these anomalies are present from fetal life.
- Their clinical expression is variable and they are often asymptomatic. They are nevertheless a major risk factor for developing pulmonary arterial hypertension.
- Bronchial anomalies are rarer, except for bronchomalacia, which is the third biggest cause found during endoscopy of the airways to explore an obstructive syndrome.
- A tracheal bronchus is 10 times more frequent than in the neurotypical population.
- The frequent association of subpleural cysts with trisomy 21 is reportedly due to the presence of pulmonary hypoplasia.
- The reduced frequency of ciliary beats found in patients with trisomy 21, which is one of the risk factors for lower airway infection, is reportedly due to triplication of the gene coding for the Pcp4 protein. As a result, PDE1A is activated and it is therefore accessible to therapy.
- In most cases, the presence of wheezing episodes in patients with trisomy 21 is not linked to atopic asthma, which is also reportedly less frequent than in the general population. You must therefore look for other causes.