

## RATIONALE

Among the possible asthma phenotypes, it is known that eosinophilic asthma is more severe, and associated with more frequent exacerbations compared to non-eosinophilic asthma. The objective of this study was to assess asthmatic patients according to peripheral eosinophilia and its relationship to Aspirin-Exacerbated Respiratory Disease (AERD).

## METHODS

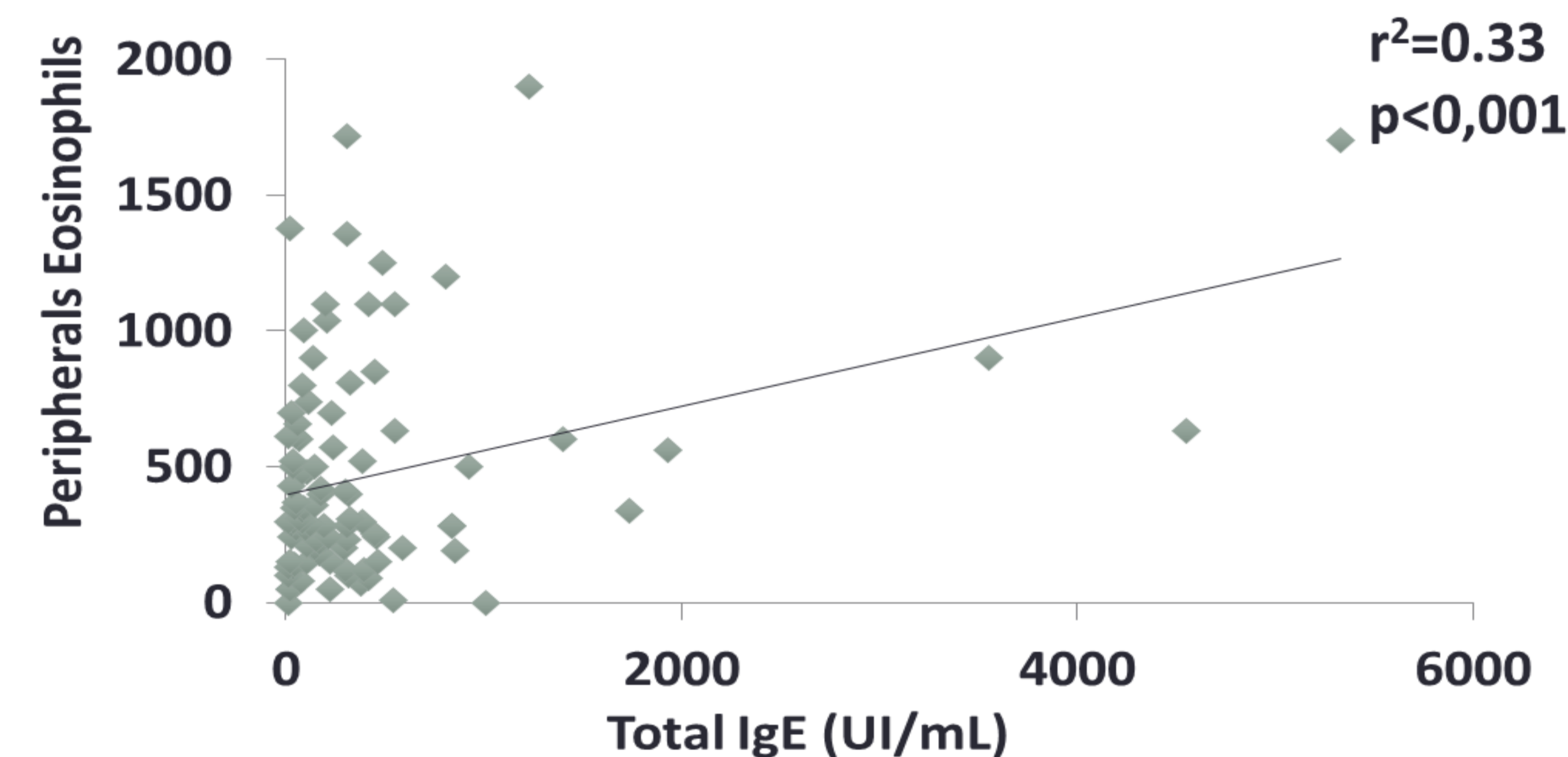
Retrospective analysis of asthmatic patients medical records, STEP 4/5 according to GINA 2018, at a tertiary hospital. Patients were classified according to the peripheral eosinophils count (Eo): higher or lower than 300 cells/mm<sup>3</sup>. Demographic characteristics, frequency of exacerbations in the last year, FEV<sub>1</sub>, total IgE, and diagnosis of AERD were evaluated.

## RESULTS

A total of 96 patients were included in this study. 71,8% female and 21,9% male. Clinical and laboratorial characteristics are shown in Table 1. There is a tendency of correlation between IgE and eosinophils (Figure 1).

Clinical Characteristics	Eo > 300	Eo < 300	p
Age at onset of asthma symptoms (mean , years)	27,2	17,0	0,004
AERD (%)	75,3	26,2	0,0001
Inhaled corticosteroid dose (mcg/d)	1374,1	1585,7	NS
Exacerbations (%)	42,6	45,2	NS
Total IgE (UI.mL)	557,5	263,9	NS
Atopy (%)	48,1	78,6	0,003
FEV1 (% of predicted) (%)	66,4	61,7	NS

**Table 1: Clinical and laboratorial characteristics**



**Figure 1: Relation between total IgE and peripheral eosinophiles**

## CONCLUSIONS

In our study, patients with higher Eos comprehended mostly patients with AERD, had a lower frequency of atopy and later onset of disease. Therefore, AERD should be considered in patients with eosinophilia. Although, the frequency of exacerbations was high in both groups, not being possible to consider eosinophilia as a risk factor for exacerbations.