

LETTER

Author's response

I want to thank Drs Mahut and Delclaux for their interesting letter concerning our recent paper¹ and would offer the following response. During acute asthma exacerbation only two of 15 patients with asthma (13%) had a combined abnormally elevated central airways nitric oxide (NO) flux and elevated peripheral airway/alveolar NO concentration after correction for NO axial back-diffusion. Central airways NO flux remained the major site of 'NO-mediated inflammation' in 13 of 15 patients with asthma since two had normal NO gas exchange despite acute exacerbation.¹ This latter observation needs to be further investigated since the clinical response was similar to that in

patients with asthma with abnormal NO gas exchange. Many years ago we investigated the simplified detection of peripheral airway disease and showed that analyses of the distal part of the maximum expiratory flow-volume curve were helpful.² However, in a subsequent study³ we reported that, if the ratio of forced expiratory volume in 1 s to forced vital capacity (FEV₁/FVC) was $\geq 75\%$, the occurrence of an isolated abnormal mid forced expiratory flow (FEF₂₅₋₇₅) was rare. However, if the FEV₁/FVC was $< 75\%$, it would not be unusual to find an abnormal FEF₂₅₋₇₅, but it would not discriminate peripheral from large central airways obstruction.³ I hope these comments are helpful and appreciate their interest.

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