EXHALED NO PICKS UP EARLY CHILDHOOD ASTHMA
Exhaled NO (FENO) is an important non-invasive marker of airway inflammation in asthma and probably reflects eosinophilic inflammation. In this issue of Thorax, Malmberg and colleagues show us that FENO is particularly useful in identifying preschool children with asthma. The authors studied children with asthma and matched healthy non-atopic controls. As expected, children with probable asthma had raised levels of FENO, but children with chronic cough who had normal lung function also had raised FENO levels. This study shows that FENO is superior as an inflammatory marker in discriminating between probable asthmatics and normal children, with loose associations described between the exhaled marker and lung function. The authors also point out the important observation that airway inflammation is a feature in the early stages of asthma, even in children.
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ANTII-INFLAMMATORY ACTIONS OF IL-13 IN SARCOIDOSIS
Sarcoidosis is associated with a Th1 immune response, with increased production of Th1 cytokines such as interferon-γ, interleukin (IL)-6, and IL-12. TNFα production from alveolar macrophages is also increased in sarcoidosis. In this month’s Thorax, Hauber and colleagues provide evidence for the role of IL-13, which is a Th2 cytokine produced by CD4+ helper cells. IL-13 has been shown to suppress TNFα and thus could play an important role in sarcoidosis. In their study Hauber and colleagues show that IL-13 expression is increased in bronchoalveolar lavage fluid cells and peripheral mononuclear blood cells in patients with sarcoidosis compared with controls. They also showed that IL-13 had an effect on TNFα levels. IL-13 may therefore play a part as an anti-inflammatory mediator in the immune response associated with sarcoidosis; its exact role in the various clinical stages of sarcoidosis requires evaluation.
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SIMILAR RESPIRATORY SYMPTOMS IN HYPOTHYROIDISM AND IBD?
Patients with cough and non-smokers with airflow obstruction have been reported to have an increased prevalence of hypothyroidism and other autoimmune disorders. The authors of these earlier reports now report the prevalence of respiratory symptoms in patients with hypothyroidism. An association between respiratory symptoms and inflammatory bowel disease (IBD) has also been described, although not from controlled studies, and Birring and colleagues also take the opportunity to evaluate this association. Symptoms of breathlessness and sputum production were more common in patients with hypothyroidism and IBD than in controls. The surprising finding was the similarity of the symptoms in the two conditions, typical of chronic airways disease. A number of mechanisms are proposed, but the idea of an autoimmune bronchitis is intriguing and the nature of these associations will occupy researchers for some time to come.
See page 533

WELCOME UPDATE FOR PULMONARY EMBOLISM
In 1997 the Standards of Care Committee of the British Thoracic Society published advice on the management of suspected pulmonary embolism. In this issue of Thorax we are publishing the updated advice, now in the form of guidelines, with recommendations at the end of each section, graded according to standard criteria. In the preparation of the updated guidelines the literature between January 1997 and December 2002 was specifically searched. As Miller and Boldy explain in their accompanying editorial, CT pulmonary angiography has now become the most important investigation in the management of pulmonary embolism and practice guidelines need to incorporate this change. The evidence has been collected carefully and thus we hope that the pulmonary embolism guidelines will be read and implemented worldwide.
See pages 463 and 470

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