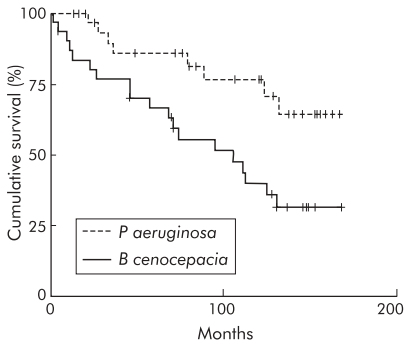
airwaves

Wisia Wedzicha, *Editor in Chief*

DIFFICULT BACTERIA IN CF

Chronic airway infection with bacteria—particularly Gram-negative organisms such as *Pseudomonas aeruginosa*—predicts outcome in patients with cystic fibrosis. In this issue of *Thorax* we publish three papers about other Gram-negative bacteria that are found in the airways of these patients, together with an editorial by Elborn which discusses the clinical implication of these papers. The first paper by Jones and colleagues describes the outcome of infection with two genomovars of *Burkholderia* (*multivorans* and *cenocepacia*): patients with *B multivorans* had a similar mortality to those infected with *P aeruginosa* but a lower mortality than those with *B cenocepacia* infection. In the second paper Coenye and co-workers describe the transatlantic spread of a new *B cenocepacia* strain called PHDC previously identified in North America that has been found for the first time in a number of European countries. These two papers emphasise the importance of microbiological surveillance and careful infection control in cystic fibrosis. In the third paper Goss and colleagues evaluate the effect of another Gram-negative bacteria, *Stenotrophomonas maltophilia*. After adjusting for confounders, there was no evidence that *S maltophilia* colonisation was associated with increased FEV_1 decline. [Having just completed this ''Airwave'', I am left wondering why the names of these difficult bacteria in cystic fibrosis are also so awkward; I am still having difficulty with ''*Stenotrophomonas*''. Fortunately the bacteria found in the airways of COPD patients are easier to pronounce and write, at least for the time being!—Ed]

See pages 914, 948, 952 and 955



Survival of CF patients with chronic *B cenocepacia* infection and matched controls with chronic *P aeruginosa* infection

CORD SERUM IgE PREDICTS CHILDHOOD ASTHMA

Early life factors are important for the later development of allergy, and in this month's *Thorax* we publish a study by Sadeghnejad and colleagues which investigates the relation between cord serum IgE (CS-IgE) and allergic sensitisation at ages 4 and 10 and asthma up to age 10 in children followed in the Isle of Wight, UK cohort. At ages 4 and 10 the risk of allergic sensitisation was significantly associated with CS-IgE levels. Asthma was not associated with CS-IgE up to age 4, but there was an association at age 10 in those children who did not develop allergic sensitisation at ages 4 or 10. This later association of asthma with CS-IgE is an interesting finding which the authors consider may be due to the gradual development of asthma and a late onset variety.

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SUBOPTIMAL TREATMENT AFTER ASTHMA EXACERBATIONS

Most patients who develop an exacerbation of asthma requiring a visit to an emergency department need treatment with inhaled corticosteroids after discharge. In this issue of *Thorax* Blais and Beauchesne report a study of a cohort of 4042 asthmatics aged 5–17 years in Quebec, Canada. At 1 month follow up, 68% of children had a valid prescription for inhaled corticosteroids but only 51% of adolescents had a prescription and these figures did not change much at 6 months. Of concern is the finding that patients with more uncontrolled asthma were not more likely to have a prescription for inhaled steroids. Provision of prescriptions after hospital admission or emergency visits and ensuring compliance are therefore important strategies for improved asthma management.

See page 943

MORE POSITIVE NEWS FOR RED WINE ENTHUSIASTS (NOT SO FOR WHITE)

Red wine contains a number of factors such as tannins and resveratrol that possess antioxidant and anti-inflammatory properties and may also be anticarcinogenic. However, studies of wine consumption and lung cancer have not provided conclusive results, but have not generally focused on the type of wine drunk. In this issue Ruano-Ravina *et al* describe a cohort study with the objective of relating the type of wine drunk to lung cancer. They show that consumption of red wine had a protective and dose-response effect on the development of lung cancer. There was a suggestion that white wine may have a positive association with lung cancer, although the number of white wine drinkers in this Spanish study was relatively small (rosé had no effect). Although these results are intriguing, they are only the basis for further mechanistic and epidemiological studies of red wine and lung cancer.

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TREATMENT FAILURE IN PNEUMONIA

Failure of empirical treatment for community acquired pneumonia is rather common, and in this issue of *Thorax* we publish a cohort study by Menéndez and colleagues which examines the risk factors for failure. Treatment failure occurred in 15% of patients and was related to increased mortality. Some of the factors positively associated with treatment failure included liver disease, pneumonia risk class, and pleural effusion, while flu vaccination and COPD were associated with lower rates of treatment failure. The clinical implications of these findings are discussed in an accompanying editorial by Lim, who concludes that further studies are required of this important issue using robust and reproducible definitions of treatment failure to define optimal therapeutic strategies.

See pages 918 and 960