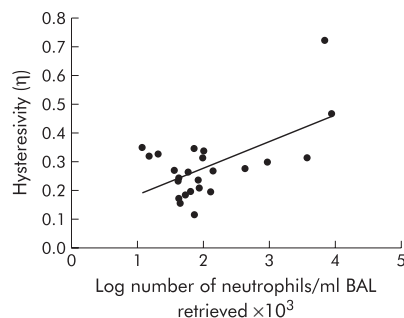


DETECTION OF EARLY DISEASE IN CF

Lung disease in cystic fibrosis (CF) begins early in the natural history of the condition and, in early life, it is difficult to detect early abnormalities with spirometry. The impact of the disease at this stage is unknown. In this month's *Thorax* Brennan and colleagues describe a study in children with CF under age 6 who took part in a clinical programme to detect infections. The low frequency forced oscillation technique (LFFOT) was used to measure lung function. LFFOT has been shown to be useful in young children and partitions lung function into airway and pulmonary components. Inflammatory and infective changes were present in bronchoalveolar lavage fluid in all children. Analysis showed that there was a significant relationship between LFFOT measures and markers of inflammation such as LTB₄, IL-8, and neutrophil numbers. This study shows that abnormal lung function is present early in the course of CF and that LFFOT is effective and sensitive in detecting early CF disease, as shown by pulmonary inflammation in the bronchoalveolar lavage fluid.

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Relationship between hysteresivity and the log number of neutrophils per ml retrieved BAL fluid ($\times 10^3$) in 24 subjects on 27 occasions.

A GLOBAL DECREASE IN ASTHMA?

As Toelle and Marks point out in their accompanying editorial to the paper by Mommers and colleagues, asthma increased globally during the later part of the 20th century but there is now some evidence that there is a decrease in the prevalence of asthma. Mommers *et al* describe the results of four cross sectional studies of Dutch schoolchildren aged 8–9 years who had completed surveys in 1989, 1993, 1997 and 2001. The results showed that the prevalence of recent wheeze and shortness of breath with wheeze had declined in children. One reason for this observation may be improved asthma diagnosis and prompt treatment but, as Toelle and Marks point out, an alternative explanation may be more sparing use of the diagnosis of asthma.

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VEGF IN COPD

COPD is characterised by progressive inflammation and vascular abnormalities have been associated with the disease, although there is little information on the molecular pathways underlying these processes. In this issue of *Thorax*, Kranenburg and colleagues show that COPD is associated with increased expression of vascular endothelial growth factor (VEGF) in bronchial, bronchiolar and alveolar epithelium, in bronchiolar macrophages, and also in airway and vascular smooth muscle. In the accompanying editorial Knox and colleagues discuss the significance of these findings in both COPD and asthma, and point out the many and complex roles that VEGF may have in airway and vascular remodelling in airways disease.

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GUIDELINES FOR PLEURAL DISEASE IN CHILDREN

Following the publication of guidelines on the management of pleural disease in adults, with this issue of *Thorax* we publish a supplement containing guidelines for pleural disease in children commissioned by the British Thoracic Society Standards of Care Committee. The guidelines follow the fact that there is little consensus among paediatricians and thoracic surgeons about this condition. As Balfour-Lynn explains in the accompanying editorial, there has been a recent increase in reported cases but the evidence base is poor. There are 57 bulleted recommendations, including early involvement of respiratory paediatricians and, ideally, treatment in tertiary centres where appropriate expertise is available. Suggestions are available for future research but, as Balfour-Lynn points out, the outcome of childhood pleural disease is much better than in adults so it will eventually be difficult to prove that one treatment is better than another.

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ANTI-INFLAMMATORY TREATMENT FOR ASTHMA

Anti-inflammatory treatment is the cornerstone of the management of asthma. In this issue of *Thorax* Jayaram and colleagues report an 8 week multicentre, randomised, placebo controlled study comparing fluticasone as an inhaled corticosteroid and montelukast as a leukotriene receptor antagonist on induced sputum markers in steroid naïve asthmatics. Treatment with the inhaled steroid resulted in a greater reduction in sputum eosinophils than montelukast and the effect of the inhaled steroid was maintained over the 8 week period. The authors conclude that inhaled steroids are more effective, but with the caveat that non-eosinophilic asthma was not studied.

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