Airwaves

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The burden of community acquired pneumonia

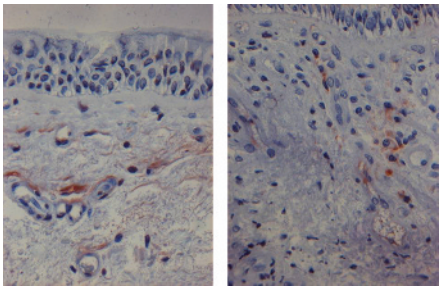
In their accompanying editorial, Torres and Menendez remind us that community acquired pneumonia (CAP) is still a major cause of morbidity and mortality in developed countries. As CAP does not need to be notified—despite being an infectious disease—it is difficult to accurately estimate its prevalence. In this month's *Thorax*, Ewig and colleagues report the largest European dataset on pneumonia incidence from Germany where data on every hospitalised CAP patient is reported. The results show that the incidence of CAP was high, age-related and increased with each decade. Mortality was greater than previously reported and highest in the first days of admission. Of concern is the finding that only a minority of patients who died had received mechanical ventilation, suggesting that treatment escalation for these patients is currently limited. The editorial authors conclude that the enormous economic and healthcare burden associated with pneumonia will increase in the years to come. ***See pages 1016 and 1062***

Adherence to asthma management

There is increasing evidence that optimal asthma control is not being achieved with medication. In this issue, Kandane-Rathnayake and colleagues report on data from the Tasmanian Longitudinal Health Study (TAHS) on the use of medication and asthma control in middle aged adults with asthma. Appropriate use of asthma medication in this patient group was inadequate, especially in those with adult onset disease. Airflow obstruction increased in those inadequately managed, suggesting that preventive treatment may slow lung function decline. In the accompanying editorial, Ruffin discusses some of the reasons for poor adherence and how we can address these. We need to considerably improve asthma management to reach the optimal levels of treatment and control. ***See pages 1013 and 1025***

Bronchial vascular remodelling in COPD

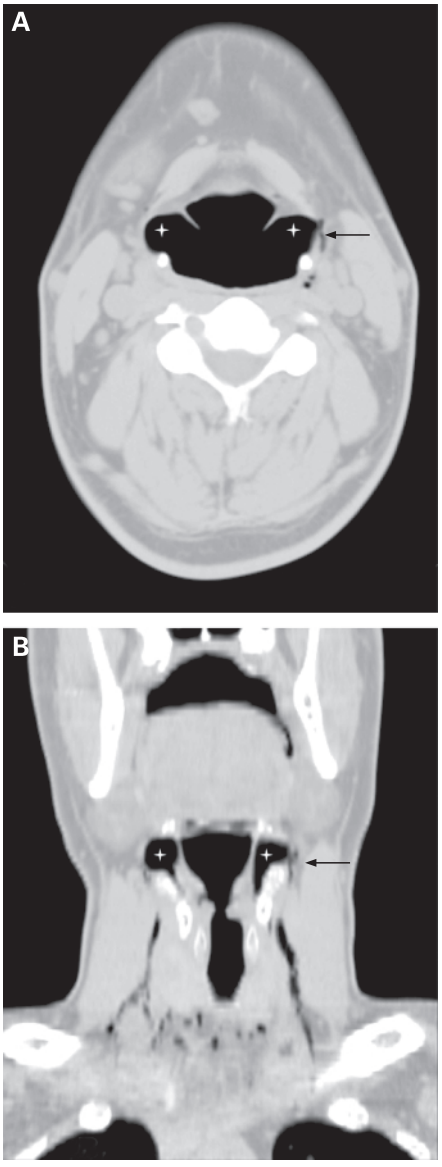
Although bronchial vascular remodelling has been studied in asthma, there has been much less attention paid to this issue in chronic obstructive pulmonary disease (COPD). In this month's *Thorax,* Zanini and colleagues address this topic and also study the effect of inhaled corticosteroids on bronchial vasculature. The results show that bronchial vascular area and vessel size are increased in COPD patients, possibly due to upregulation by TGF-ß and VEGF and microvascularity is reduced in patients treated with inhaled steroids. However, new vessel formation was not a prominent feature in COPD. Patient groups in this study were relatively small and it is now time for larger studies including the effects of pharmacological interventions on vascular remodelling in COPD. ***See page 1019***



Microphotographs from a patient with untreated chronic obstructive pulmonary disease (COPD group) showing bronchial immunostaining for vascular endothelial growth factor (VEGF, left panel) and transforming growth factor β (TGF-β right panel). Original magnification ×400.

Thank you to *Thorax* reviewers and podcasts

In the December issue, we traditionally thank all the *Thorax* reviewers who generously have given their time to the Journal in helping us select the very best papers for publication. The names of the reviewers for the past year, 2009, are printed in this issue. This has been another great year for the Journal with the impact factor the highest ever at 7.069 and please continue to send us your best papers. On the website, you will also find the first *Thorax* podcast (http://podcast.bmj.com/thorax) in which Angshu Bhowmik and myself discuss the *Airwaves* choices for December and the progress of the Journal over the past year. Thank you to all our authors and readers for your continued support of *Thorax*. ***See page 1102***



Cervical and chest CT scans performed during a Valsalva manoeuvre showing bilateral laryngoceles (white stars) with a rupture in the left one (black arrow) and perilaryngeal air extending to the subcarinal level (white arrows). (A) Transverse view; (B) coronal view. (See Images in *Thorax* ***page 1104***.)