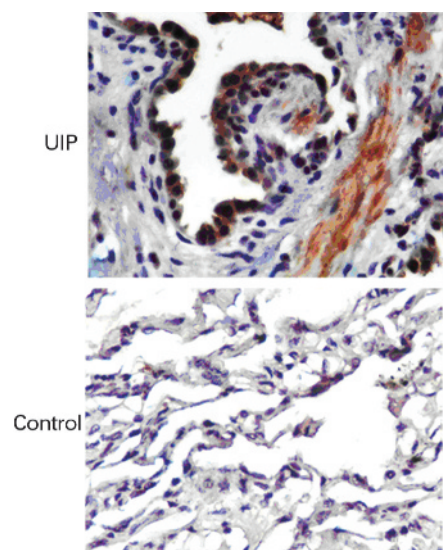


Gelsolin in pulmonary fibrosis

There is much interest in the cause and natural history of idiopathic pulmonary fibrosis. Gelsolin (GSN) is a multifunctional protein with actin binding properties that modulates cytoskeletal architecture and has been put forward as a likely disease modifier for this condition. Oikonomou and colleagues describe a study showing that GSN expression is increased in the fibrotic lungs of patients with idiopathic pulmonary fibrosis and fibrotic non-specific interstitial pneumonia but not other forms of interstitial lung disease. They show that GSN expression is also required for disease development. In an accompanying editorial, Whyte discusses the significance of these results and the relationship to other types of fibrosis such as bleomycin-induced lung injury. Thus, using actin-modifying drugs or targeting GSN may be a therapeutic option to manage this difficult condition in the future. *See page 467*



Increased gelsolin expression within fibrotic lung and control. UIP, usual interstitial pneumonia.

Presentation time of lung cancer

The prognosis of patients with lung cancer is still poor and—as Smith and

colleagues point out in this issue of *Thorax*—only 7% of patients with lung cancer in Scotland are alive 5 years after diagnosis. Most patients with lung cancer in the UK are diagnosed at a late stage. In a cross-sectional survey of 360 patients with newly diagnosed lung cancer in Scotland, Smith and colleagues show that 50% of participants had symptoms for more than 14 weeks before presentation to a medical practitioner. Long-term smokers, those living alone and patients with chronic obstructive pulmonary disease (COPD) are at particular risk of late presentation and, thus, it is important that all patients in high-risk groups are aware of the significance of new chest symptoms. *See page 523*

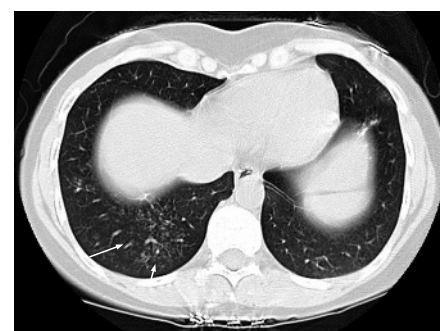
How does weather affect *Mycoplasma pneumoniae*?

Mycoplasma pneumoniae is a common respiratory pathogen responsible for up to 20% of community acquired pneumonia and is more common in children. *M pneumoniae* infections occur worldwide, with cyclical outbreaks every 3–7 years and some seasonal variation. Onozuka and colleagues investigate the affect of weather on *M pneumoniae* infection over a 9-year period. The results show that the weekly number of *M pneumoniae* cases increased by 16.9% for every 1°C increase in temperature and by 4.1% for every 1% increase in relative humidity. This study illustrates the important role of climate on respiratory infection and we now need more information about how other respiratory infections interact with the weather. *See page 507*

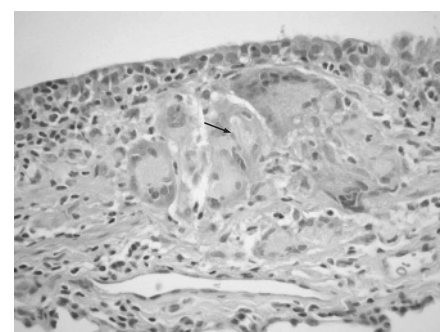
More on ISAAC

As Partridge points out in his accompanying editorial, we have learned a great deal about asthma from the International Study of Asthma and Allergies in Childhood (ISAAC). Lai and colleagues report on Phase 3 of the ISAAC study, which measured the global

prevalence and severity of asthma symptoms in children and has provided the most comprehensive estimate of the prevalence of asthma to date. Once again, there was striking variation in the prevalence of asthma symptoms between different geographic areas and populations. Although asthma symptoms tend to be more prevalent in more affluent countries, they appear to be more severe in less affluent countries. Partridge concludes by reminding us that just because we can now treat asthma effectively, we must still continue to actively pursue research into the aetiology of asthma and prevent its development. *See page 476*



Representative CT scan of the right lung base showing multiple patchy micronodular densities (arrows) before biopsy and treatment. (See Case Report *page 546*).



Video-assisted thoracoscopic biopsy specimen of right lower lobe. Note poorly formed epithelioid granulomas with multinucleated giant cells in the walls of the terminal bronchioles (arrow). (See Case Report *page 546*).