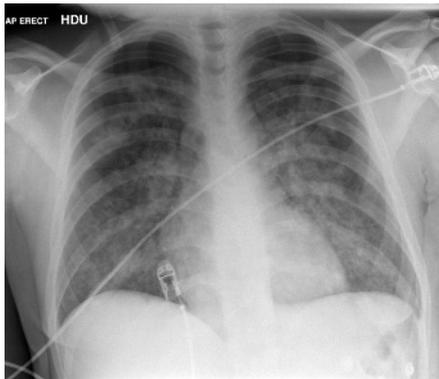
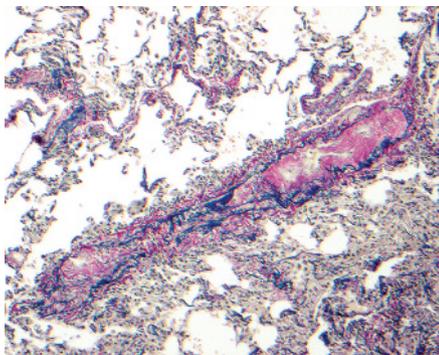


## Churg–Strauss and leukotriene antagonist

Churg–Strauss syndrome is a rare granulomatous vasculitis that is associated with asthma. Leukotriene antagonists (LTAs) have been reported to be also associated with asthma and, as this is a low incidence, Nathani and colleagues explore this association further in a systematic review published in this issue of *Thorax*. Results are described from different patient groups, with and without steroid therapy or with steroid reduction after LTA introduction. The authors conclude that



See Case Report [page 933](#).



Thoracoscopic lung biopsy, showing patchy capillary congestion within the alveolar parenchyma and marked intimal changes in veins and venules. See Case Report [page 933](#).

there is a clear temporal relationship between initiation of LTA and development of Churg–Strauss syndrome. In August 2008, we published another paper on this association by Hauser and colleagues, who concluded that the association of Churg–Strauss syndrome was not specific for LTAs but occurred with other asthma treatment and may be due to increase in therapy due to worsening asthma. In the accompanying editorial, Beasley and colleagues discuss these complex associations and conclude that physicians need to be aware of these clinical manifestations, especially when treating patients with more severe asthma or in the setting of steroid withdrawal. See [page 847 and 883](#)

## Nebulised furosemide for dyspnoea in cancer

Breathlessness is a common and distressing symptom in patients with cancer that may become severe and intractable in the terminal stages of cancer and is a difficult symptom to manage. Thus, any new interventions to reduce dyspnoea in terminal cancer are particularly welcome. Nebulised furosemide has been shown to reduce dyspnoea in patients with chronic obstructive pulmonary disease and in a small number of cancer patients. Thus, in this month's *Thorax*, Wilcock and colleagues report on a randomised, placebo controlled trial of nebulised furosemide in cancer. Surprisingly, there was no evidence of benefit of nebulised furosemide in these patients, though the sample size was small and studies of this nature are difficult to perform. See [page 872](#)

## CT for children with pleural empyema

The incidence of empyema in children is increasing in a number of countries and the British Thoracic Society guidelines on the management of empyema in children emphasised the lack of good evidence on which to base management. Jaffe and colleagues report a randomised clinical

trial of video-assisted thoracoscopic surgery versus percutaneous chest drain insertion and urokinase. All children had both CT scans and pleural ultrasound performed, though in the urokinase group the clinicians did not have access to the CT at the time of insertion. The authors conclude that there is no role for CT scanning in the routine management of pleural empyema in children if treated with percutaneous drainage and urokinase. See [page 897](#)

## Blood pressure fall with CPAP

Obstructive sleep apnoea (OSA) is associated with significant cardiovascular morbidity and continuous positive airway pressure (CPAP) treatment leads to small but variable changes in blood pressure. In this issue of *Thorax*, Robinson and colleagues examine predictors of change in blood pressure in patients with OSA when treated with CPAP for 6 months. The authors found that markers of OSA severity did not affect blood pressure change but improvement in hypersomnolence and body mass index were related to the fall in blood pressure over 24 h. These interesting results suggest that sleep fragmentation may be important in the pathogenesis of hypertension in OSA by stimulating adrenergic activity. See [page 855](#)



CT pulmonary angiogram coronal reformat showing the pulmonary artery pseudoaneurysm (arrow) with adjacent consolidation due to pulmonary haemorrhage (arrowheads). See Images in [Thorax page 938](#).