volume in 1 s (FEV1) reduced to 1.7 litres (46.8% of predicted) and FEV1/forced vital capacity (FVC) ratio 55.9%. Since his RA responded favourably on adalimumab and there was not enough evidence to ascribe his respiratory complaints to this drug, it was decided to rechallenge him with adalimumab. During the third administration of adalimumab he still used prednisolone 20 mg/day and inhaled budesonide/formoterol twice daily. On the third day following adalimumab administration he developed dyspnoea, wheezing and a reduction in his PEF to 290 l/min. His PEF went back to baseline after 2 weeks.

Renal impairment in cystic fibrosis

We read with interest the paper by Bertenshaw et al1 on the incidence of acute renal failure (ARF) in patients with cystic fibrosis (CF) and would like to supplement these results with our findings. With increasing survival and therefore consideration for lung transplantation, monitoring adult patients with CF for renal impairment is assuming increasing importance (creatinine levels alone (eg, at least using the Cockcroft-Gault GFR formula for all routine annual reviews) to enable early diagnosis while we await “firm” inferences to be drawn regarding the causation of ARF in CF and allow avoidable precipitating factors to be identified”.

REFERENCES


Is bronchodilation required routinely before diagnostic sputum induction? Evidence from studies with tuberculosis

Sputum induction (SI) by inhalation of nebulised hypertonic saline is an efficient