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Early origins of COPD

We know that the early life environment is important in development of asthma, but there has been less focus on early origins of COPD. Susceptibility to COPD could also be affected by factors determined in early life. In this issue Svanes and colleagues report on data from the European Community Respiratory Health Survey (ECRHS). The results show that with early life disadvantage permanently lower lung function is seen with no age catch-up and increased COPD risk. The impact of these early life factors was similar or even greater than the effects of smoking. In the accompanying editorial Mannino explains why there is now interest in the early origins of COPD. However he also stresses that in the prevention and management of COPD, we must not abandon the traditional risk factors of smoking and occupational dust exposure. **See pages 1 and 14**

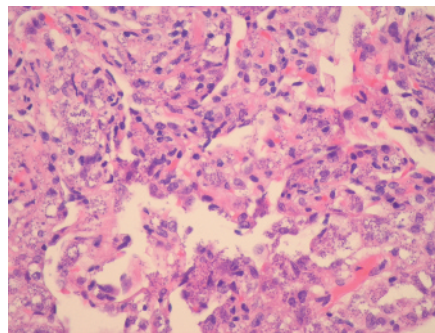
Progression of childhood OSA

Childhood obstructive sleep apnoea (OSA) can lead to a number of complications and *Thorax* has previously published data showing that childhood OSA is associated with cardiac dysfunction. However little is known about mild childhood OSA and in this issue Li and colleagues report for the first time on the natural history and progression of mild OSA in children aged 6-13 years from Hong Kong over a two year period. Progression of OSA was associated with younger age, male gender, presence of large tonsils at baseline, change in waist circumference and persistently large tonsils over the follow up period. In the accompanying editorial, Marcus discusses these interesting results, she points out that while 29% of the children got worse, generally improvement in the apnoea/hypopnoea index was found and thus in some children a conservative management

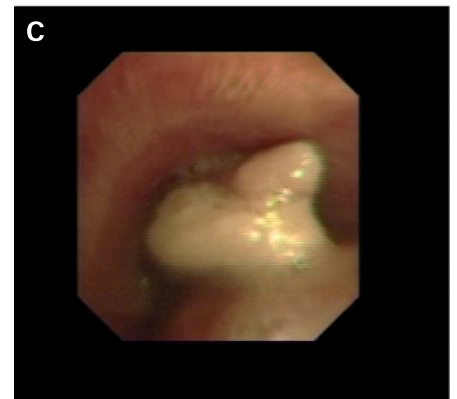
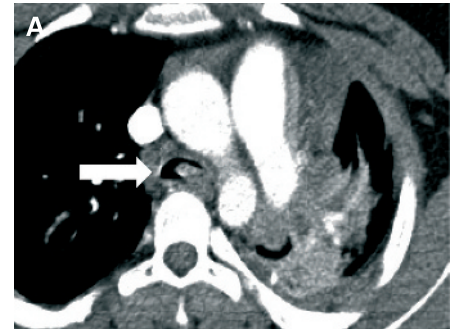
approach is reasonable. She also suggests that further information is required on children who had surgical interventions for OSA as studies suggest there is incomplete resolution of OSA after surgery. Clearly these are all areas for future study. **See pages 4 and 27**

CFA and lung cancer

There has been some controversy concerning the relationship between cryptogenic fibrosing alveolitis (CFA) and lung cancer. In this month's *Thorax*, Harris and colleagues report results on this association from the BTS CFA study 11 years after entry into the cohort. Although a relationship between CFA and lung cancer was found, this may not be causal. The authors suggest that the confounding effect of cigarette smoking, smokers also presenting at an earlier age than non-smokers and the high rate of asbestos exposure among the BTS cohort complicate interpretation of the results. **See page 70**



Transbronchial biopsy: The lung parenchyma is heavily infiltrated with mononuclear cells containing a large number of small purple/blue staining structures. (Hematoxylin-eosin stain x40 magnification.) **See page 56**



(A) CT scan of the chest is noted for an endobronchial mass that originated from the left main lung and is projecting into the carina. The arrow is pointing to the mass in the coronal section. (C) Bronchoscopic image showing a muscular tongue-like lesion located in the trachea on expiration. **See page 92**

Thorax podcast No 2

With this issue, you will find the 2nd *Thorax* podcast (<http://podcasts.bmj.com/thorax/>) and we are very grateful for the feedback about this new feature. Generally the response seems positive and you can also download the podcast from iTunes onto an iPod – though I have not yet attempted this myself. This month Angshu Bhowmik and I discuss the papers featured in *Airwaves* and we also talk about how we select the very best papers for publication to give you an insight into the editorial processes in *Thorax*.