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Highlights from this issue

The Triumvirate

As this month's *Thorax* drops onto your door mat, you may be packing your bags and heading off on your holidays. Whether you are sipping cocktails in St. Tropez or eating chips in Skegness, the July issue of *Thorax* has something for you. So, next to your sunglasses and bikini (or speedos), don't forget to pack *Thorax*! In this 'Summer Special' edition of Airwaves, we bring you some holiday highlights.

SPA THERAPY TO PHAGE THERAPY

If your holiday hotel is posh enough, you may be offered spa 'therapies' ranging from Hopi ear candles to colonic irrigation (Take care with that one!). However, you are unlikely to be offered phage therapy, in spite of the promising data reported in this month's issue (see page 666). Bacteriophages are viruses which target bacteria. Phage therapy may offer a treatment option for individuals with antibiotic resistant bacterial infection—such as *Pseudomonas* lung infection in cystic fibrosis (CF). Waters and colleagues describe the use of a bacteriophage directed against the Liverpool Epidemic Strain of *Pseudomonas*, in a murine model of infection which mimics lung infection in CF. Complete clearance of *Pseudomonas* was achieved when the phage was administered 2–3 days after bacterial infection, with 70% clearance at 6 days. The authors suggest more work should be done, looking at phage cocktails. Hotel bar anyone...?

ACTIVITY HOLIDAYS?

Those of you with a more sporting disposition may be on an activity holiday. Dowman *et al*, describe randomised controlled trial of an exercise training programme for people with interstitial lung disease (Editors' choice, see page 610). An 8 week programme of supervised exercise led to a significant improvement in the primary outcome—the 6 min walk test. The effects were particularly evident in individuals with asbestosis and idiopathic pulmonary fibrosis (IPF)—where other treatment options are limited. The expanding applications of exercise training

are something to ponder, whether you are hiking in Machu Picchu or taking a constitutional along the prom at Margate...

RHINITIS – MORE THAN A SUMMER AFFLICTION

This is the time of year for seasonal rhinitis. If you are a sufferer, make sure you have packed your antihistamines. Chronic rhinosinusitis, in contrast, is a more difficult beast. Kim and colleagues suggest a role for interleukin-33 in the pathogenesis of chronic rhinosinusitis (see page 635). (In case you haven't been paying attention, yes there are at least 33 interleukins now—over 40 in fact.) IL33 appears to act through neutrophil recruitment and anti-IL33 therapies hold promise. However, if your streaming nose is of the seasonal variety, stick with conventional therapies, available from your holiday pharmacy.

OCCUPATIONAL HAZARDS

As we relax, away from the pressure of work, we may reflect on the occupational hazards we have faced in the last year: cyber-attacks, misguided politicians and corridor consultations, to name but a few. However, we can garner some reassurance from the article by Davidson *et al* on the risk of tuberculosis in healthcare workers (see page 654). This cohort study included 2320 cases of TB in healthcare workers. They found few documented episodes of nosocomial transmission and no increased risk of TB in healthcare workers, once country of birth had been taken into account. Well that's a relief! Now how do I get this ransomware off my laptop?

INFANTS, DENDRITIC CELLS AND CHIMPS...

As the sun begins to fade and we leave the pool for the bar, nothing will be further from our thoughts than the seasonal spike in cases of acute bronchiolitis which keeps the paediatricians so busy in the winter months. The the most common culprit is respiratory syncytial virus or RSV (also known as chimpanzee coryza agent) which has so far confounded

both vaccines and drug therapies. In this month's issue, Kerrin *et al* describe the role of dendritic cells play in this infection (see page 620). They studied intubated babies with RSV, using non-bronchoscopic lavage (and healthy infant controls having routine surgery). The authors found that dendritic cells accumulate in the lower airways of infants with RSV and may promote inflammation through T cells, NK T cells and NK cells. The authors also describe lower levels plasmacytoid dendritic cells in preterm babies and those over 4 months, suggesting a future avenue of research for specific 'at risk' groups. Good news for human infants but what about the chimpanzees?

REST AND REVIVE YOURSELF...

After your spell in the ICU, you may want to consider 6 week rehabilitation programme so you can REVIVE yourself. That is exactly what Kathryn McDowell and colleagues thought and delivered this as an RCT to 60 post ICU survivors (see page 600). Indeed, the 30 patients in the treatment arm received a personalised exercise programme with a personal trainer although it was in the hospital not a health spa. Although the treatment group improved with personalised training, they did not improve more than the natural trajectory of recovery in the control group in terms of self-reported physical function. These data will though 'help inform future studies'.

WHAT'S MY CHOLESTEROL DOC?

If you thought cholesterol was just a problem for coronary arteries, think again. On page 671 of the journal, Drury *et al* describe an unusual mediastinal mass.

LIGHT READING FOR THE PLANE JOURNEY HOME...

You can read all about last December's British Thoracic Society Winter Meeting (see page 660)...

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