

Letter to the editor

Leukotriene CysLT₁-receptor antagonism and nasal lysine–aspirin provocation in aspirin-induced asthma

I read with interest the recent article by Micheletto et al. (1) demonstrating the beneficial effects of montelukast on nasal hyper-reactivity to lysine–aspirin (L–ASA) challenge and on pre-challenge nasal function as measured by calculated resistance and volume with acoustic rhinomanometry. Although the study is informative and pertinent, it has unfortunately missed out a significant and clinically relevant population of patients with aspirin-induced asthma (AIA), i.e. patients with nasal polyposis, which together with chronic rhinosinusitis and asthma, form the core characterization of AIA, by definition.

I also wish to highlight and to concur with the authors, that nasal challenge with L–ASA appears to be a safe procedure, without the incidence of lower airway narrowing, which may occur following oral or inhaled L–ASA challenge. The absence of bronchoconstriction following nasal L–ASA challenge has been demonstrated in AIA patients with nasal polyposis (2), using the same protocol of L–ASA administration as employed in the current study.

The use of acoustic rhinomanometry in the present study may not have been ideal, as peak nasal inspiratory flow has been found to be a more sensitive measurement

compared with either acoustic rhinometry or rhinomanometry (3). Moreover, the use of peak nasal inspiratory flow in measuring the response following L–ASA challenge in patients with AIA has been shown to offer greater reproducibility compared with acoustic rhinometry (4).

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References

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