

Reply



To the Editor:

We thank Sehgal and Agarwal for their letter.¹ As with allergic bronchopulmonary aspergillosis with bronchiectasis, treatment of serologic allergic bronchopulmonary aspergillosis is dependent on assessment of the patient's symptoms (dyspnea, productive cough), computed tomography or chest film findings (homogeneous infiltrate, significant mucus plugging, etc), rise in total IgE over a baseline (or elevated if not previously measured), and expiratory flow rates.²

If there are no symptoms, the chest computed tomography is clear or with very little bronchial mucus, and the spirometry does not show a significant level of obstruction, the patient can be managed with observation and not with oral steroids. Observation could include checking the total IgE every 3 months for the first year.³

Reasons to initiate treatment with oral steroids (or potentially antifungal therapy) would be new pulmonary infiltrates, a doubling of the total IgE over baseline, worsening respiratory symptoms such as tenacious mucus/worsening dyspnea, or a drop in FEV₁.⁴

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Conflicts of interest: P Greenberger is on the World Allergy Organization board; has received consultancy fees from Allergy Therapeutics; has provided miscellaneous expert testimony unrelated to ABPA; has received research support from the Immune Tolerance Network (Amgen); and receives royalties from Up to Date and Wolters Kluwer Lippincott Williams & Wilkins. A. Reddy declares no relevant conflicts of interest.

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REFERENCES

1. Sehgal IS, Agarwal R. Is treatment of serological ABPA similar to that of ABPA with bronchiectasis? *J Allergy Clin Immunol Pract* 2017;5:1474.
2. Greenberger PA, Bush RK, Demain JG, Luong A, Slavin RG, Knutsen AP. Allergic bronchopulmonary aspergillosis. *J Allergy Clin Immunol Pract* 2014;2:703-8.
3. Greenberger PA, Miller TP, Roberts M, Smith LL. Allergic bronchopulmonary aspergillosis in patients with and without evidence of bronchiectasis. *Ann Allergy* 1993;70:333-8.
4. Reddy A, Greenberger PA. Allergic bronchopulmonary aspergillosis. *J Allergy Clin Immunol Pract* 2017;5:866-7.

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