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Is cigarette smoke exposure a confounder in the evaluation or efficacy of nasal steroid sprays in nonallergic, noninfectious perennial rhinitis?

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To the Editor:

In their article (J Allergy Clin Immunol 1997;100:739-47) Dr. Blom and colleagues appear, at first reading, to have performed a well-controlled and thorough study of the effect of aqueous nasal steroid spray on symptoms and immunologic parameters in adults with nonallergic, noninfectious perennial rhinitis (NANIPER). Their inclusion criteria were restrictive in an attempt to preclude any other treatable cause of rhinitis, such as anatomic deformity, sinusitis, and systemic disease. However, 29 of the 65 patients who ultimately took part in this study were smokers. Cigarette smoke is a known irritant that can impair mucociliary function, dry the nose, and lead to nasal congestion and discharge. Did the authors analyze their data for nonsmokers alone? Is there any difference? Did the authors assess for exposure to second-hand smoke, which could also confound the data? Until such a study is performed in the adults with NANIPER not exposed to cigarette smoke, we really do not know what the effect of nasal steroid spray is on this condition.

I was also surprised that the authors did not address nonallergic rhinitis with eosinophilia as a separate subgroup of NANIPER. However, on careful reading, it appears that there were nine or fewer such patients in the study based on the nasal brush May-Grunwald-Giemsa

stain.

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