I strongly disagree with the author’s statement. A 2007 workgroup report on EIB from the American Academy of Allergy, Asthma & Immunology stated that methacholine challenge is a “suboptimal” test for the documentation of EIB. In addition, one of the studies by Rundell et al that the author uses to support her statement in fact states that direct challenges such as methacholine are less sensitive than physical challenges such as exercise or EVH testing. That same article by Rundell et al was comparing EVH testing to field-exercise testing in elite cold weather athletes and did not support the author’s statement about methacholine challenge testing. It also does not apply to “average individuals” as the author writes, because the study by Rundell et al was a study of elite athletes. Many authors have stated that methacholine challenge is not sensitive and specific to the bronchoconstriction associated with exercise, and that in reality it is a less preferred test for the documentation of EIB than EVH testing or exercise. The author also states that EVH testing may “overdiagnose” EIB; however, no evidence is provided to support that statement. It is true that many of the prevalence studies related to EIB have included populations of athletes and that EVH testing might be best suited for that population. However, I am not aware of any data to support the author’s statement about overdiagnosis, as one would need a “gold standard” diagnostic test to which one could compare EVH, and that test is not available at this time.

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**Chronic Necrotizing Pulmonary Aspergillosis or Invasive Pulmonary Aspergillosis**

To the Editor:

We read with interest the article by Sakkour et al in CHEST (February 2008), who reported the case of a 56-year-old woman with COPD and multiple pulmonary nodules. We congratulate the authors on finding pulmonary aspergillosis associated with