their best management is critical to the successful use of these catheters.

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Spirometry in Bronchial Asthma

Role of TB

To the Editor:

In an issue of CHEST (May 2012), Gershon et al. raised an important but often forgotten issue of spirometry for the diagnosis of bronchial asthma. Spirometry undoubtedly is the cornerstone for the diagnosis of bronchial asthma, and it is equally true that for whatever reason it remains underused throughout most of the world. There are several reasons for its underuse, which vary with country and area. In developing countries, along with the expected reasons of scarcity of physicians and technicians, nonavailability of spirometry, and other basic issues, there is one more important, but expected, factor: TB.

In developing countries like India and China, a sizeable population has past or present TB. Prevalence of TB infection is as high as 40% in India.1 Moreover TB may mimic bronchial asthma (eg, endobronchial TB may present with dyspnea and wheezing). In areas with high TB prevalence, physicians usually rule out TB in almost all patients presenting in chest clinics with any chest symptom. If spirometry is done in a case of pulmonary TB, it may infect the apparatus and spread the infection.2 Thus, as a silent policy it is considered unsafe to use spirometry without having a chest radiograph of the patient. If the radiograph findings suggest TB, which is not a rare scenario, sputum microscopy is required to rule out present active TB. This prolonged diagnostic protocol means more hospital visits and a delay in diagnosis and treatment. This delay is unacceptable when the patient is visibly in discomfort, which often is the case because patients present late in the course of disease. Understandably, physicians feel safer and more comfortable with starting treatment without spirometry than in taking a risk of the spread of infection. There is a need to develop a consensus statement regarding the use of spirometry in countries with a high TB prevalence.

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REFERENCES


Response

To the Editor:

We thank Dr Dutt for his interest in our study and insightful comments. In Ontario, Canada, the incidence and prevalence of TB is relatively low, and, therefore, it was not examined as a factor associated with pulmonary function testing in our study.1 We