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References

1 Källén B, Finnström O, Nygren KG, *et al.* Association between preterm birth and intrauterine growth retardation and child asthma. *Eur Respir J* 2013; 41: 671–676.
2 Crump C, Winkleby MA, Sundquist J, *et al.* Risk of asthma in young adults who were born preterm: a Swedish national cohort study. *Pediatrics* 2011; 127: e913–e920.
3 Vogt H, Lindstrom K, Braback L, *et al.* Preterm birth and inhaled corticosteroid use in 6- to 19-year-olds: a Swedish national cohort study. *Pediatrics* 2011; 127: 1052–1059.
4 Metsala J, Kilkkinen A, Kaila M, *et al.* Perinatal factors and the risk of asthma in childhood – a population-based register study in Finland. *Am J Epidemiol* 2008; 168: 170–178.
5 Baraldi E, Bonetto G, Zacchello F, *et al.* Low exhaled nitric oxide in school-age children with bronchopulmonary dysplasia and airflow limitation. *Am J Respir Crit Care Med* 2005; 171: 68–72.
6 Siltanen M, Wehkalampi K, Hovi P, *et al.* Preterm birth reduces the incidence of atopy in adulthood. *J Allergy Clin Immunol* 2011; 127: 935–942.
7 Jobe AJ. The new BPD: an arrest of lung development. *Pediatr Res* 1999; 46: 641–643.
8 Baraldi E, Filippone M. Chronic lung disease after premature birth. *N Engl J Med* 2007; 357: 1946–1955.
9 Wong PM, Lees AN, Louw J, *et al.* Emphysema in young adult survivors of moderate-to-severe bronchopulmonary dysplasia. *Eur Respir J* 2008; 32: 321–328.
10 Pantalitschka T, Poets CF. Inhaled drugs for the prevention and treatment of bronchopulmonary dysplasia. *Pediatr Pulmonol* 2006; 41: 703–708.

From the authors:

M. Filippone *et al.* stress in their correspondence that infants born preterm may develop recurrent broncho-obstructive symptoms, which they want to call ''chronic obstructive pulmonary disease of prematurity'', a term that may be useful in clinical practice but is difficult to apply in epidemiological studies as it is not defined by standard coding (International Classification of Diseases (ICD), 10th revision). Perhaps this will change in later ICD revisions. The presence of such cases will of course not prevent the fact that asthma can develop in a premature child and may do so more often than in term infants. In our study [1], we saw an increased use of anti-asthmatic drugs (after the age of 2 years) in children born in weeks 35–38 (table 1) or with birth weights 1500–2999 g (table 2). The effect of intrauterine growth retardation was visible even among children born in weeks 39–41 (table 3). Only 39 out of the 43 387 ''asthmatic'' children had a neonatal diagnosis of bronchopulmonary dysplasia (table 4). The reference by PANTALITSCHKA and POETS [2] that is cited by M. Filippone *et al.* refers to treatment of the neonate with bronchopulmonary dysplasia and is not relevant for the treatment after age 2 years that we used for case definition in our study.

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Premature birth is linked with increased childhood asthma as defined by use of anti-asthmatic drugs http://ow.ly/nLYqN

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References

1 Källén B, Finnström O, Nygren KG, *et al.* Association between preterm birth and intrauterine growth retardation and child asthma. *Eur Respir J* 2013; 41: 671–676.
2 Pantalitschka T, Poets CF. Inhaled drugs for the prevention and treatment of bronchopulmonary dysplasia. *Pediatr Pulmonol* 2006; 41: 703–708.