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Title: Asthma follow-up and treatment in a group of 28 patients with eosinophilic granulomatosis with polyangiitis (EGPA)

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Body: Background: patients with EGPA and severe chronic asthma often do not receive an adequate inhaled therapy and a regular follow-up for asthma. Aims: to establish in EGPA patients the main tools to monitoring asthma; to evaluate the effects of inhaled therapy on asthma control and quality of life. Methods: we enrolled 28 EGPA patients, all treated with oral steroids or immunosuppressive drugs for systemic illness; 18 of them were poorly or not treated for asthma (NT), 10 was adequately treated (AT). We assessed: lung function, bronchial hyperreactivity, sputum eosinophilia, exhaled nitric oxide, asthma severity and control according to GINA guidelines and ACT test, asthma quality of life by specific questionnaire (AQLQ). The inhaled therapy was appropriate to the asthma severity and control; a follow-up was made after 6 months. Results: at baseline NT group significantly differed from the AT group in the asthma control (GINA $p < 0.009$; ACT: $p < 0.036$) and AQLQ ($p < 0.002$). At the follow-up the group in which inhaled therapy was increased significantly improved in sputum eosinophilia ($p < 0.004$) and AQLQ score ($p < 0.006$).

Table 1

	NT baseline	NT F.U.
FEV1,%pred	75.88 %	81.24%
ACT(mean±SD)	16±4	21±4
Sputum eosinophils%(median,range)	62 (18-91)	16 (1.4-93)
AQLQ(mean±SD)	4.19±1	5.08±1

No significant differences were still present between groups for asthma control, AQLQ, lung function, airway

inflammation. Conclusions: immunosuppressive drugs are effective in controlling systemic disease in EGPA but not asthma that requires a specific inhaled therapy to improve asthma control and quality of life. Sputum analysis may represent a good tool in monitoring asthma and tailoring patients' treatment.