



Acute hypoxaemic respiratory failure in immunocompromised patients: abandon bronchoscopy or make it better?

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A discussion of the strengths and limitations of recent data associating bronchoscopy with mortality in immunocompromised adults with acute hypoxaemic respiratory failure <http://bit.ly/31mMpGL>

Cite this article as: Zinter MS, Cheng G-S. Acute hypoxaemic respiratory failure in immunocompromised patients: abandon bronchoscopy or make it better?. *Eur Respir J* 2019; 54: 1901950 [<https://doi.org/10.1183/13993003.01950-2019>].

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To the Editor:

Acute hypoxemic respiratory failure (AHRF) in immunocompromised patients is a challenging clinical problem associated with mortality rates of 40–60% in children and adults [1, 2]. Thus, we read with great interest the results of a pre-planned secondary analysis of a large multicentre observational cohort of 1611 immunocompromised adults with AHRF, as reported by BAUER *et al.* [3]. The authors described the diagnostic yield and outcomes of fiberoptic bronchoscopy (FOB) in this group of vulnerable patients with the *a priori* hypothesis that “bronchoscopy, with limited complications, would reduce the number of unidentified causes of respiratory failure and be associated with reduced hospital mortality.” After a rigorous analysis of a highly annotated dataset, the authors conclude that “bronchoscopy was associated with improved diagnosis and changes in management but also increased hospital mortality.”