



Blood eosinophils predict inhaled fluticasone response in bronchiectasis

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6-month treatment with inhaled fluticasone propionate significantly improved quality of life in bronchiectasis patients who show a blood eosinophil counts $\geq 3\%$. <https://bit.ly/3fsn4na>

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To the Editor:

The use of inhaled corticosteroids (ICS) in patients with bronchiectasis is a matter of debate [1]. International registries report up to 42% of bronchiectasis patients receiving ICS, although several guidelines recommend their prescription only in the presence of specific comorbidities (e.g. allergic bronchopulmonary aspergillosis (ABPA), asthma, COPD, and inflammatory bowel disease) or of eosinophilic inflammation [2, 3]. Assessment of eosinophil counts in sputum is not considered, to date, a standard of care. Blood eosinophils have been shown to be a predictor of ICS response in COPD and asthma [4, 5]. The identification of a specific population of bronchiectasis patients who might respond to ICS is key. Response to ICS can be measured in bronchiectasis patients evaluating not only the reduction of exacerbations but also the improvement of their quality of life (QoL). We hypothesised that bronchiectasis patients with a high blood eosinophil count can benefit from ICS in terms of a clinically meaningful improvement of QoL.