# Prednisolone plus itraconazole in acute-stage allergic bronchopulmonary aspergillosis complicating asthma: is the benefit worth the risk?

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Shareable abstract (@ERSpublications)
**The effect of adding itraconazole to prednisolone shown in an open-labelled study has no firmly established mechanism and could be related to greater exposure to steroids. The risk of selecting azole-resistant *A. fumigatus* strains should be considered.** https://bit.ly/30Nl3zr

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*To the Editor:*

Treating allergic bronchopulmonary aspergillosis (ABPA) remains a challenge for clinicians, as little high-quality data exists on the optimal treatment regimen. ABPA is widely accepted to correspond to an exaggerated immune response to *A. fumigatus* and oral corticosteroids are the first line of treatment [1, 2]. Oral steroids are often associated with inhaled corticosteroids (ICS), which are mandatory in the management of asthma patients. Antifungal azoles have been proposed as an adjunctive treatment of ABPA in asthma patients for more than two decades [3]. Itraconazole is usually suggested as an add-on therapy in steroid-dependent patients [2], in those with relapsing ABPA and/or in those with insufficient response to oral steroids combined with ICS [1]. Definitive evidence for this approach is currently missing, as previous studies were performed in a small number of patients and over short periods of time [3, 4].