examination, ideally by a multidisciplinary team, with a view to improving the diagnosis, treatment, and follow-up of both bronchopulmonary and sinonasal disease.

References

1. Vendrell M, De Gracia J, Oliveira C, Martínez MA, Girón R, Máiz L, et al. Arch Bronconeumol. 2008;44:629-40.
2. Guilemany JM, Mullol J, Picado C. Relation between rhinosinusitis and bronchiectasis. Arch Bronconeumol. 2006;42:135-40.
3. Bousquet J, Khaltaev N, Cruz AA, Denburg J, Fokkens WJ, Togias A, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008 update (in collaboration with the World Health Organization, GA²LEN and AllerGen). Allergy. 2008;63 Suppl 86:8-160.
4. Fokkens W, Lund V, Mullol J; European Position Paper on Rhinosinusitis and Nasal Polyps group. European position paper on rhinosinusitis and nasal polyps 2007. Rhinology. 2007;(20):1-136.
5. Hens G, Vanaudenaerde BM, Bullens DM, Piessens M, Decramer M, Dupont LJ, et al. Sinonasal pathology in nonallergic asthma and COPD: "united airway disease" beyond the scope of allergy. Allergy. 2008;63:261-7.
6. Guilemany JM, Alobid I, Angrill J, Ballesteros F, Bernal-Sprekelsen M, Picado C, et al. The impact of bronchiectasis associated to sinonasal disease on quality of life. Respir Med. 2006;100:1997-2003.
7. Guilemany JM, Angrill J, Alobid I, Centellas S, Pujols L, Bartra J, et al. United airway again: high prevalence of rhinosinusitis and nasal polyps in bronchiectasis. Allergy. In press 2009 [DOI: 10.1111/j.1398-9995.2008.01892.x].

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Authors' Reply to "A United Airway: Bronchiectasis Is Also Associated With Chronic Rhinosinusitis and Nasal Polyps"

Respuesta de los autores a la carta: Una vía respiratoria unificada: las bronquiectasias también se asocian a rinosinusitis crónica y pólipos nasales

To the Editor:

We would like to thank the authors for their comments and the contributing data from their article,[1] which had not been published at the time the guidelines for the diagnosis and treatment of bronchiectasis were drawn up.[2] We would like to point out that the guidelines have not been published as a supplement. Moreover, these guidelines are the first to be presented in Spain and indeed internationally. They were designed to improve, facilitate, and unify the approach to managing patients with bronchiectasis, whatever the etiology, by prioritizing interest in managing lung involvement, which is what determines prognosis. Unfortunately, the space available did not allow us to focus on issues, as we would have liked, other than the respiratory monitoring of these patients. Neither is there any mention of the impact that bronchiectasis might have on other organs, on other sites, or on the underlying disease that causes it.

Bronchiectasis is not a disease in itself like asthma or chronic obstructive pulmonary disease. Rather it is a lesion of the bronchial structure that is the end result of varying causes or diseases that may or may not produce alterations in other areas of the airway or in other organs. The guidelines mention that "(s)inusitis may be present, especially if there is cystic fibrosis, primary ciliary dyskinesia, primary immune deficiency, Young syndrome, yellow nails syndrome, or diffuse panbronchiolitis" and Figure 1 also mentions ear infection.[2] We believe that it would be more appropriate to talk about causes of bronchiectasis that can affect the upper airway rather than bronchiectasis in general.

The only original article on the subject published before the guidelines by the authors of the letter compares patients with bronchiectasis and nasal symptoms with the general population.[3] They show that patients with bronchiectasis have a poorer quality of life but do not clarify how bronchiectasis and nasal involvement affect it. Their study only includes nasal endoscopy but not a computed tomography scan of paranasal sinuses and concludes that the presence of nasal polyps has no additional impact on quality of life.[3] Therefore, with reference to this study, it cannot be said that patients with bronchiectasis and chronic rhinosinusitis have a poorer quality of life than those with bronchiectasis in the absence of chronic sinonasal disease.

It is always desirable to rely on various specialists interested in cooperating in the management of patients with bronchiectasis. We look forward to reading the authors' forthcoming publication (still in press at the time of writing this letter), and taking it into consideration if we have the opportunity to participate in future guideline updates.

References

1. Guilemany JM, Angrill J, Alobid I, Centellas S, Pujols L, Bartra J, et al. United airway again: high prevalence of rhinosinusitis and nasal polyps in bronchiectasis. Allergy. 2009;64:790-7.
2. Vendrell M, De Gracia J, Olveira C, Martínez MA, Girón R, Máiz L, et al. Diagnóstico y tratamiento de las bronquiectasisas. Arch Bronconeumol. 2008;44:629-40.
3. Guilemany JM, Alobid I, Angrill J, Ballesteros F, Bernal-Sprekelsen M, Picado C, et al. The impact of bronchiectasis associated to sinonasal disease on quality of life. Respir Med. 2006;100:1997-2003.

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