Correspondence to “Association between Chronic Rhinosinusitis and New Onset Asthma Implications for Prevention”

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October 31, 2023

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To the Editor,

We have attentively reviewed the article by Schwartz et al. titled 'Sinus inflammation and chronic rhinosinusitis are associated with a diagnosis of new onset asthma in the following year'\(^1\). This study significantly advances our understanding of the relationship between chronic rhinosinusitis (CRS) and the onset of new asthma diagnoses. However, we would like to offer some suggestions.

First and foremost, it is important to consider potential confounders that might influence the observed association between CRS and the development of asthma. Factors such as environmental exposures or socio-economic status could potentially impact this relationship.\(^2,3\)

Secondly, this study focuses on the CRS-asthma association but doesn’t probe how CRS treatments affect asthma outcomes. Phillips et al.\(^4\) showed timely CRS treatments, such as functional endoscopic sinus surgery (FESS) might lower asthma risks. Addressing eosinophilic inflammation and related conditions, e.g. depression, could also influence asthma results.\(^5,6\) Understanding CRS treatment impacts on asthma is crucial for patient care, necessitating more research to inform clinical guidance.

Furthermore, it’s important to consider that this study might have overestimated the connection between chronic rhinosinusitis (CRS) and asthma due to certain methodological limitations. The study did not take into account the 12-week duration requirement for CRS, potentially leading to an overrepresentation of cases and an overestimation of the associations. Additionally, the reliance on electronic health records (EHR) for identifying disease outcomes introduces the possibility of measurement errors or biases, which could further contribute to the overestimation of the observed associations. Therefore, it is crucial for future research endeavors to refine their methods and address these limitations in order to obtain a more accurate understanding of the strength of the CRS-asthma association.

In conclusion, this study by Schwartz et al.’s research highlights a link between CRS and new asthma cases, but further exploration is needed on potential confounders, the effect of CRS treatments, and potential overestimations.


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conflict of interests:
The authors declare no conflict of interest.

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