



## LETTER TO THE EDITOR

### Letter response

To the Editor,

First of all we would like to thank G.P. Currie and D.K. Lee for their comments to our study.

Concerning the grade of BHR, we considered the PD<sub>20</sub> instead of the PC<sub>20</sub>/FEV<sub>1</sub> and our classification is based on medical–legal rules of Italian Navy. For the same reasons, we used methacholine challenge as it has been decided as criterion for medical–legal measures.

Unfortunately, we have to disagree with them about the concept that ARIA classification “can allow a more robust approach to epidemiological and pathophysiological understanding, etc”. We are absolutely convinced that ARIA classification does improve the management of allergic rhinitis, mainly concerning the link between upper and lower airways. Moreover, first evidence of inflammation persistence in allergic rhinitis has been provided by ourselves.<sup>1</sup> On the contrary, when we have to perform epidemiological and pathophysiological studies, the etiological classification is the alone correct. Our methodology considered to evaluate subjects both during and outside the

pollen season. According to ARIA classification, one subject may be classified as intermittent, persistent or without disease along the year depending on allergen exposure. How could these patients be classified outside pollen season? In addition, one subject may be initially intermittent and furtherly persistent during the whole pollen season. It is to note that seasonal is not equivalent to intermittent and perennial to persistent!

Finally, we agree with them about the last sentence even though we did not mention this issue in our paper.

### References

1. Ciprandi G, Buscaglia S, Pesce GP, Pronzato C, Ricca V, Parmiani S, et al. Minimal persistent inflammation is present at mucosal level in asymptomatic rhinitic patients with allergy due to mites. *J Allergy Clin Immunol* 1995;**96**: 971–9.

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