



LETTER TO THE EDITOR

Response to Letter to the Editor



Inflammation, allergy and asthma are the manifestation of multitude reactions of biological, cellular and immunological events [1]. Furthermore, a study confirmed that asthma is a chronic disease of the innate and adaptive immune systems responding to viruses and allergens [2].

Increased arterial stiffness is associated with some autoimmune-inflammatory diseases such as systemic lupus erythematosus and rheumatoid arthritis [3–5]. Recent genetic studies have revealed specific genes that may contribute to arterial stiffening. The genes may be involved in transcriptional pathways controlling gene expression, differentiation of vascular smooth muscle cells, apoptosis of endothelial cells, or the immune response within the vascular wall [6].

Immune dysfunction are involved in asthma, Behçet's disease and psoriasis. Further studies are warranted to determine the association between arterial stiffen and immunological parameters. We agreed that arterial stiffness combined with other biological markers may supply more information to clinicians. Our results showed that high sensitivity C-reactive protein was positively correlated with brachial-ankle pulse wave velocity in patients with severe asthma. However, it is a long journey from bench to bedside. It needs the cooperation from multiple disciplines and confirmation from different research groups in clinical practice.

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