

## Nonasthmatic Eosinophilic Bronchitis Mimics Asthma

In the May issue of the Journal, King and Moores<sup>1</sup> presented a very nice overview of asthma phenotypes and disorders that mimic asthma. That article was followed by a paper by McCormack and Enright<sup>2</sup> that reviewed the process of making a diagnosis of asthma, including a brief overview of the differential diagnosis of asthma.

I respectfully submit that missing from both papers is a description of nonasthmatic eosinophilic bronchitis, which is a very important asthma "masquerader." First described by Gibson and colleagues<sup>3</sup> in 1989, nonasthmatic eosinophilic bronchitis is characterized by chronic cough and sputum eosinophilia but without the airflow obstruction and bronchial hyperresponsiveness of asthma.<sup>3,4</sup>

Nonasthmatic eosinophilic bronchitis can easily be misdiagnosed as asthma because it responds readily to corticosteroids, just like asthma. We found a large percentage of pa-

tients being treated with inhaled corticosteroids prior to a definitive diagnosis of asthma being made.<sup>5</sup> It is therefore not difficult to understand how patients with chronic cough can be wrongly diagnosed with asthma, based solely on a positive response to an empirical trial of inhaled corticosteroids. Nonasthmatic eosinophilic bronchitis is far from uncommon. In a study of patients with chronic cough, Brightling et al<sup>6</sup> found that nonasthmatic eosinophilic bronchitis was the cause of cough in 13% of the patients. Nonasthmatic eosinophilic bronchitis is a common cause of chronic cough and is an important part of the differential diagnosis of asthma.

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The author reports no conflicts of interest in the content of this letter.

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*Drs King, Moores, McCormack, and Enright agree with Mr Haynes's comments and have no further response.*