



Correspondence

“Does mucus impaction represent an uncommon feature of allergic broncho-pulmonary aspergillosis in children?”



We thank the authors for the interest shown in our article [1]. The authors claim that our paper is not representative of the population with allergic bronchopulmonary aspergillosis (ABPA) as the occurrence of mucus impaction was low in our study. Further, they claim that the absence of mucus impaction indicates late stages of the disease. Unfortunately, both the statements are not backed by evidence. While the presence of mucoid impaction, especially high-attenuation mucus, suggests an immunologically severe disease [2], there is no evidence that it represents an early stage of the disease. In our experience, patients with cystic fibrosis have a higher prevalence of mucus impaction, while the study in question included patients with asthma.

We agree that we found an unusually high number of patients with the serological ABPA (ABPA-S) phenotype. This is probably because we routinely screen all asthmatic patients for ABPA [3]. From our center, the prevalence of ABPA-S in adults is about 24% [4]. Although, the prevalence of ABPA-S in children remains unknown, it is likely to be significantly higher than adults.

Finally, the study did not include late stages of the disease as the authors claim, as the number of ABPA-S in the cohort were higher than those with bronchiectasis, which indicates that the study had indeed recruited early stages of ABPA.

We also wish to thank the authors for their agreement in utility and promotion of lung MRI as a radiation free modality in children, which is

evident from recent publications [5].

References

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K.S. Sodhi*, P. Gupta, A. Shrivastav, A.K. Saxena, J.L. Mathew, M. Singh, Ritesh Agarwal
 Department of Radio Diagnosis, Postgraduate Institute of Medical Education and Research (PGIMER), Sector-12, Chandigarh, India, 160012
 E-mail address: sodhiks@gmail.com (K.S. Sodhi).

* Corresponding author.