

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

Iressa Cheng<sup>1</sup>, Chin-Yuan Yii<sup>2</sup>, Su-Boon Yong<sup>3</sup>, and Liang-Chun Shih<sup>4</sup>

<sup>1</sup>Chung Shan Medical University College of Medicine

<sup>2</sup>Taiwan Landseed Hospital Library

<sup>3</sup>China Medical University College of Medicine

<sup>4</sup>China Medical University College of Pharmacy

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

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’<sup>1</sup>. 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.<sup>2,3</sup>

Secondly, this study focuses on the CRS-asthma association but doesn’t probe how CRS treatments affect asthma outcomes. Phillips et al<sup>4</sup> 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<sup>5,6</sup>. 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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#### Author

Iressa Cheng<sup>1</sup>, Chin-Yuan Yii MD<sup>2,3</sup>, Su-Boon Yong<sup>4,5</sup>, Liang-Chun Shih MD, PhD<sup>4,6</sup>

1 School of Medicine, Chung Shan Medical University, Taichung, Taiwan.

2 Division of Gastroenterology and Hepatology, Department of Internal Medicine, Landseed International Hospital, Taoyuan, Taiwan;

3 Department of Biomedical Sciences and Engineering, National Central University, Taoyuan, Taiwan.

4 Department of Medicine, College of Medicine, China Medical University, Taichung, Taiwan.

5 Department of Allergy and Immunology, China Medical University Children's Hospital, Taichung, Taiwan.

6 Department of Otorhinolaryngology-Head and Neck Surgery

#### Author Contributions:

Iressa Cheng: Conceptualization, Writing - Original Draft Preparation

Chin-Yuan Yii: Conceptualization, Writing - Review & Editing

Liang-Chun Shih: Writing - Review & Editing

Jiu Yao Wang: Conceptualization, Writing - Review & Editing, Supervision

Su-Boon Yong: Conceptualization, Writing - Review & Editing, Supervision, Project Administration

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The authors declare no conflict of interest.

#### Corresponding author:

1.Su-Boon Yong MD, PhD.

Department of Medicine, College of Medicine, China Medical University, Taichung, Taiwan.

Department of Allergy and Immunology, China Medical University Children's Hospital, Taichung, Taiwan.

yongsuboon@gmail.com

2. Jiu Yao Wang MD, PhD

Center for Allergy, Immunology, and Microbiome (A.I.M.), China Medical University Hospital, Taichung, Taiwan, China.

Department of Allergy, Immunology, and Rheumatology (AIR), China Medical University Children's Hospital, Taichung, Taiwan, China.

a122@mail.ncku.edu.tw