

Reply to Letter to the editor concerning "Determining a cut-off value for eosinophilic chronic rhinosinusitis"*

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Dear Editor:

Determining a cut-off value for eosinophilic chronic rhinosinusitis may be key in an era of personalized medicine ⁽¹⁾. Discussion about this topic is of major importance since establishing a worldwide standard will provide benefits in further evaluation of treatment and diagnosis of eosinophilic chronic rhinosinusitis (eCRS), making possible that further meta-analyses about this topic are done.

Wang et al. brought to our attention the difference between using reference intervals (RIs) or clinical decision limits (CDLs), and whether we should use healthy individuals or chronic rhinosinusitis patients to make this decision ⁽²⁾. As mentioned by Wang et al., eCRS is an entity that needs to be distinguished within a clinical subgroup of chronic rhinosinusitis (eosinophilic or non-eosinophilic), and not within healthy individuals, favoring the use of CDLs ^(2,3).

The clinical outcome measured by this CDL may still be taken

into discussion, as it is difficult to establish due to subjectiveness of nasal symptoms, different surgical approaches in different centers, failure to report recurrence and drug resistant eCRS ⁽⁴⁾. However, the presence of polyps upon nasal endoscopy or computed tomography is a straightforward method of evaluating clinical outcome, and although subject to other dependent variables, is still the best method available ⁽⁵⁾.

Finally, we believe this discussion enriches our knowledge, and highlights the importance of further multicentered international studies.

Abbreviations

eCRS: eosinophilic chronic rhinosinusitis; RIs: reference interval; CDLs: clinical decision limits.

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