

# Bronchiectasis: From Neglected to a Trendy Airway Disease

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Bronchiectasis is a very heterogeneous airway disease, which reduces length and quality of life in its sufferers and has a very important burden on the healthcare system. However, it was recognized as “one of the most neglected diseases in respiratory medicine” in the White Book of the European Respiratory Society<sup>1</sup> less than 10 years ago, in 2013. Fortunately, since then, we have lived a very important clinical and research renaissance, with the publication of several scientific papers (which are increasing year by year) and the development of different national and international guidelines for its diagnosis and treatment. This new monographic issue of BRN Reviews for 2022 is focused on the field of bronchiectasis and how far it has progressed in the last years, with the participation of several international authors experts in the field.

The first review is an exhaustive update on the management of bronchiectasis highlighting the latest evidence from recent randomized

control trials. The paper has been co-authored by Mariana Conceição from Centro Hospitalar-io Tondela-Viseu, Portugal, and Prof. James D Chalmers from Ninewells Hospital and University of Dundee, United Kingdom, and provides a comprehensive understanding of the bronchiectasis treatment goals, differentiating the management of stable patients and during exacerbations. In addition, the authors describe the new perspectives on bronchiectasis treatment, based on future therapies under development and personalized medicine.

The second paper, authored by Gloria Leonardi and Andrea Gramegni from Ospedale Maggiore Policlinico and University of Milan, and Francesco Amati and Stefano Aliberti, from IRCCS Humanitas Research Hospital and Humanitas University, Rozzano, Milan, Italy, reviewed the aetiological screening of bronchiectasis. Bronchiectasis is characterized by a combination of clinical and radiological features, and the determination of its etiology is critical in clinical practice and can guide treatment and influence prognosis. The authors suggest an interesting systematic approach to etiological investigations depending on medical expertise, healthcare settings and patient severity, in the light of the beneficial impact on patients' outcomes.

1. Gibson GJ, Loddenkemper R, Lundbäck B, Sibille Y. Respiratory Health and Disease in Europe: The New European Lung White Book. *Eur Respir J*. 2013;42:559-63.

The third review enlightens a highly controversial and useful topic: which is the best questionnaire to describe quality of life in bronchiectasis? The manuscript, authored by David de la Rosa from Hospital Sant Pau, Barcelona, Spain and Annie Navarro-Rolon and Bruno García-Cabo from Hospital Mutua de Terrassa, Terrassa, Spain, describes all different Quality of Life questionnaires used in bronchiectasis, their validations, and clinical applications. It is well known that quality of life is a very important clinical outcome in patients with bronchiectasis, and the authors consider and argue that the CAT (COPD Assessment Test) is probably the best questionnaire for application in routine clinical practice.

The fourth paper is about a very interesting and controversial topic, the overlap among bronchiectasis and other chronic airway diseases such as chronic obstructive pulmonary disease, asthma, or chronic rhinosinusitis. Written by Letizia Traversi, Antonio Álvarez and Eva Polverino from Hospital Vall d'Hebron, Barcelona, Spain, the review is focused on the diagnosis of respiratory comorbidities in bronchiectasis patients, which requires a complete investigation of clinical, functional, radiological and microbiological features, and the authors suggest a practical approach to support decision making in a clinical setting.

Finally, the fifth review is focused on the future of bronchiectasis. Written by Grace Oscullo, Alberto García-Ortega, José D. Gómez-Olivas, Thais Beaupertuy, Amina Bekki and

Miguel Angel Martinez-Garcia from Hospital La Fe, Valencia, Spain, the manuscript describes the complexity and heterogeneity of bronchiectasis. Beyond phenotypes and endotypes, the authors describe some tools to capture the multidimensional nature of the disease such as control panel and fingerprints, which are based on the concepts of severity, activity, and impact of the disease, and may be important in achieving a personalized medicine in the near future in bronchiectasis.

The novel aspects of the present monographic will be valuable and interesting for all those clinicians and researchers with a huge interest in bronchiectasis and airway diseases. Although the development of this monographic issue has been very difficult due to pandemic time, the authors have done an extra effort to obtain the different reviews for this issue on time, and we really appreciate it.

I very much hope you will enjoy reading this issue of BRN Reviews on bronchiectasis.

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