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Sinonasal Disease and Nasal Saline

We read with interest the article by Cimmino et al¹ in the December 2005 issue of the *Archives*. The authors concluded that dornase alfa is superior to placebo (saline in this study) for the treatment of patients with cystic fibrosis and nasal symptoms. However, we think that the use of isotonic saline solution as placebo is inappropriate. It is well known that nasal washing with saline solution facilitates nasal drainage and cleans the airway of any postnasal discharge; it can be effective when applied appropriately (5 dropperfuls in each nostril at least 4 times a day).^{2,3} Saline solution irrigation has been found to reduce inflammatory mediators (histamine, prostaglandin D₂, and leukotriene C₄) and allergens in nasal secretions.⁴ Therefore, nasal saline washing with the correct technique is a cheap and effective method for treating inflammatory conditions of the upper respiratory tract such as the common cold, acute and chronic sinusitis, and chronic rhinitis.^{2,4} Given all these factors, we believe that nasal saline washing with the correct technique can be as effective as treatment with dornase alfa; therefore, it should not be used as a placebo in this type of study.

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In reply

We appreciate the comments from Acar and Karabulut regarding our article "Dornase Alfa as Postoperative Therapy in Cystic Fibrosis Sinonasal Disease." There have been a number of important additions to the literature regarding the efficacy of dornase alfa therapy since the publication of our work.^{1,2} These new studies have added to the European and American experience with the clinical use of dornase alfa as an anti-inflammatory agent.

Several studies have suggested that there is a relationship between sinusitis and chronic pulmonary disease in chil-

dren, but it has not been clearly demonstrated for cystic fibrosis. On the other hand, sinonasal disease with or without nasal polyps is a common feature in patients with cystic fibrosis and plays an important role in quality of life and morbidity. Factors associated with chronic rhinosinusitis in cystic fibrosis, such as upper respiratory infections, mucosal viscosity, and chronic inflammation, could have a major impact on the recurrence of sinonasal disease. Clinical practice guidelines for the management of acute sinusitis and rhinitis in children recommend medical interventions, including saline nasal irrigations,³ and this recommendation is also usually given to patients with cystic fibrosis who have chronic sinusitis. Indeed, our study mainly focused on the effect of nasally inhaled dornase alfa in patients with cystic fibrosis and sinonasal disease after surgical treatment for polyps that were unresponsive to such conventional therapy as isotonic saline solution. We sought to compare the efficacy of treatment with isotonic saline solution (placebo) and dornase alfa therapy. The results of our study showed that treatment with nebulized placebo was effective for the medium term but that there was a persistent improvement in the nasal symptoms score with dornase alfa therapy for a longer period after surgery.

In conclusion, long-term response to nasal dornase alfa therapy is highly predictive of efficacy in patients with cystic fibrosis and chronic sinusitis who do not respond to potentially less expensive therapies. We fully agree that these clinical approaches cannot be adopted into current guidelines for treatment of chronic sinusitis. Only further studies will determine whether nasally inhaled dornase alfa should be recommended as a potential mucolytic agent for preventing the recurrence of polyps after sinus surgery and prospectively as an alternative to surgery in patients with cystic fibrosis.

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Hypothyroidism in the Patient With Cancer: How Much Thyroid Supplementation Is "Safe"?

Nelson et al¹ report that the development of hypothyroidism in patients with advanced head and neck cancer may be associated with improved survival and highlight the issue of L-thyroxine supplementation in patients diagnosed as having chemical hypothyroidism. Because thyroid hormone supplementation is invariably prescribed for chemical but clini-