

**Letter to the Editor**

**Comment on “Computed Tomography Imaging Findings in Chemical Warfare Victims with Pulmonary Complications”**

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Dr.Mirsadraei and colleagues performed an interesting study about the lung HRCT findings in chemical warfare patients who suffering from long-term pulmonary complications. They found that air trapping and mosaic attenuation were the most common lung HRCT findings. Also they divided patients in different clinical entities according to the lung HRCT findings (Bronchiolitis Oblitans, pulmonary fibrosis, bronchiectasis, asthma, and COPD). At present, GOLD and GINA recommend the diagnosis of COPD and asthma mainly on spirometry (1, 2). Although the HRCT may have valuable diagnostic points, but the diagnosis of COPD and asthma is according to the spirometry and

relevant clinical symptoms. In this article, the authors relied only on clinical symptoms and corresponding lung HRCT findings that may have overlapping points in the diagnosis of asthma and COPD since normal lung HRCT with or without air trapping can be seen in COPD too (3). It has been proposed that saber-sheath trachea (tracheal index <2/3) is a valuable imaging diagnostic parameter in COPD (4) that can be used in interpretation of lung HRCT.

In conclusion, performing spirometry and bronchodilation test besides the clinical symptoms and lung HRCT findings could be more accurate for diagnosis asthma and COPD in chemical warfare patients.

**References :**

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