ERS | monograph

Introduction

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In 2001, the European Respiratory Society welcomed a *Monograph* entitled "The Nose and Lung Diseases" [1] and one of the original Guest Editors, Philippe Godard (1948–2011), was instrumental in gathering people around the idea that the nose is the most easily accessible part of the airways.

With this new *ERS Monograph* we would like to again emphasise the notion within our chest community that the nose and sinuses belong to the airway tree, and that it is part of our duty as chest clinicians to think about the upper airways in all our common diseases and to consider our ENT colleagues as important partners in improving the quality of life of our patients. The links between the upper and lower airways are numerous, including anatomical, physiological, triggers and risk factors. The presence of these strong relationships argues for a constant dialogue between specialists and we hope that the comprehensive overview presented in the various chapters herein will contribute to reinforce the willingness of our colleagues to undertake fruitful collaboration in order to increase our knowledge with the ultimate goal of improving patient care.

The first three chapters cover anatomy, imaging and clinical examination, within the approach of the "united airways" concept. This approach should consider a pragmatic understanding of the situation, subject to the constraints of human and financial resources, leading to the best compromise to establish a clear diagnosis. Mutual understanding between chest physicians and ENT specialists is the guiding principle. We should understand the real involvement of the upper airways in all chronic respiratory disorders and consider them as "morbidities" rather than comorbid conditions.

The association of nasal polyposis and asthma and the complex pathophysiological landscape is covered by chapters focusing on chronic infection and its potential impact on immunity, and the perspectives of both ENT and chest physicians. Sino-nasal involvement in cystic fibrosis and COPD patients requires specific attention, not only as a source of potential triggering pathways but also as a matter of persistent complaints. The subjective symptoms, including fatigue, impaired sleep quality, dyspnoea and mucus secretion, should direct more attention to the upper airways. Risk factors, triggers and other associated influences are important, but direct causality is often difficult to demonstrate and a strong

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research effort may lead to new evidence. The microbiome revolution is a potential source for a better understanding of the role of microorganisms in the inception, loss of control and natural history of chronic respiratory disorders from the nose to the alveoli.

The ultimate challenge is to improve the treatment for patients, and both chest and ENT physicians are relying on each other to understand and better control symptoms and the underlying disease as a whole. Little evidence has been provided so far to assess whether a single local intervention may be an option for curing persistent airways disease. The burst of biologics potentially active in both asthma and nasal polyposis provides perfect support for the "united airways" hypothesis.

In summary, we hope that this *ERS Monograph* will encourage chest physicians to consider upper airways disease seriously and to organise a common and constant dialogue with ENT surgeons to promote research, coordinate management and, ultimately, elicit new treatments for the best care of our patients.

La vapeur du tabac vous sort-elle du nez. Sans qu'un voisin ne crie au feu de cheminée?

[That the tobacco-smoke spouts from your nose. Do not the neighbours cry "The chimney is afire"?]

Cyrano de Bergerac [2]

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