

Aspirin-induced asthma as an important type of bronchial asthma.

[Article in Japanese]

[Sakakibara H](#)¹, [Suetsugu S](#).

[Author information](#)

¹Department of Internal Medicine, Fujita Health University School of Medicine, Aichi, Japan.

[Abstract](#)

Aspirin-induced asthma (AIA) should be recognized as an important types of bronchial asthma for the following reasons:

- 1) The pathogenesis of AIA is specific. Inhibition of cyclooxygenase a (key enzyme for the production of prostanoids from arachidonic acid) by non-steroidal antiinflammatory drugs (NSAID) is an important trigger of asthma attacks.
- 2) The frequency of AIA is not low. It is estimated to be 9.8% in adults with chronic asthma.
- 3) Some clinical features of AIA are characteristic. Naso-sinus complications, such as rhinitis, chronic sinusitis, nasal polyposis, and anosmia, are commonly found in patients with AIA.
- 4) Glucocorticoids with succinate ester, which are commonly used to treat asthma attacks, induce asthma symptoms or provoke severe asthma attacks in 70% to 80% of patients with AIA.
- 5) Some patients with AIA are hypersensitive to some agents in addition to NSAID, e.g., tartrazine (15.1%), sodium benzoate (14.3%), and parabens (12.0%). 6) Patients with latent AIA are in danger of having fatal or near-fatal asthma attacks if they take NSAID. We should educate patients to eliminate the risk posed by NSAID and other agents that may induce asthma attacks, and should enlighten doctors and pharmacists, who are not specialists in allergy or respiratory disease, about AIA. 7) Asthma in these patients will be less severe if their condition is correctly diagnosed and they receive appropriate medical treatment.

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