of atovaquone and azithromycin or clindamycin and quinine. Supportive care is provided. Severe cases may require exchange transfusions. Co-infections with other tick-borne diseases, such as Lyme disease or anaplasmosis, are common and may necessitate additional treatment with doxycycline.[3]

Prevention is important and comes through public awareness and tick avoidance. As the disease burden grows, there is need for advancements at clinical and laboratory diagnostic recognition, therapeutic options, and vaccine development. This multifaceted approach should mitigate the impact of disease in this part of the country.

—*Noor Fatima, MD; Steven Lippmann, MD*

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Comment on 'Enhancing Diagnosis of Obstructive Lung Diseases: Insights From Clinical Characteristics in a Prospective Cohort Study'

To the Editor,

We read the interesting study, "Classification of Obstructive Pulmonary Diseases Through Clinical Characteristics in a Prospective Cohort Study,[1] with great appreciation for its thoughtful approach to a complex diagnostic challenge. The study addresses the critical need for accurate and accessible methods to differentiate between chronic obstructive pulmonary disease (COPD), asthma, and asthma-COPD overlap syndrome (ACOS) – particularly in resource-constrained settings where advanced diagnostic tools such as spirometry may not always be available.

The researchers' use of structured clinical questionnaires, validated against spirometric results, is a pragmatic and innovative approach. By examining 1443 patients over 3 years, the study demonstrates that age, smoking history, environmental exposures such as wood smoke, and respiratory symptoms like wheezing and dyspnea are significant predictors of obstructive lung diseases. The diagnostic accuracy of the questionnaires, with area under the curve (AUC) values of 0.75 for COPD, 0.68 for asthma, and 0.78 for ACOS, underscores their potential utility in primary care.

The study's methodology is also commendable. The prospective design ensures systematic and unbiased data collection, while adherence to standardized spirometry guidelines strengthens the reliability of the findings. Moreover, the inclusion of a large, diverse cohort enhances the generalizability of the results, making the study relevant to various clinical settings.

While the findings are promising, it is worth noting that the performance of these questionnaires may be influenced by the context in which they are used. Differences in health care infrastructure, patient populations, and training of clinicians could impact their effectiveness. The study also stops short of developing a new or integrated diagnostic tool, which could have built on the strengths of the existing questionnaires to further improve accuracy.

Nonetheless, the implications of this research are significant. It highlights the potential for non-specialist clinicians to use structured tools for initial assessments, bridging diagnostic gaps and enabling earlier intervention for obstructive pulmonary diseases. This approach is particularly valuable in low-resource environments, where reliance on clinical acumen and simple tools can make a substantial difference in patient outcomes.

This study is an important contribution to respiratory medicine, blending clinical practicality with scientific rigor. It opens doors to improving diagnostic processes globally, emphasizing that even simple, well-structured tools can have a profound impact when thoughtfully applied.

—*Rachana Mehta, PhD; Ranjana Sah, MD; Shubham Kumar, MS*

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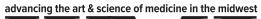
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