## **Cystic fibrosis**

- Tan HL, Regamey N, Brown S, et al. The Th17 pathway in cystic fibrosis lung disease. Am J Respir Crit Care Med 2011;184:252-8.
- Barbato A, Turato G, Baraldo S, et al. Epithelial damage and angiogenesis in the airways of children with asthma. Am J Respir Crit Care Med 2006;174:975–81.
- Tsoumakidou M, Elston W, Zhu J, et al. Cigarette smoking alters bronchial mucosal immunity in asthma. Am J Respir Crit Care Med 2007;175:919–25.
- Sullivan P, Stephens D, Ansari T, et al. Variation in the measurements of basement membrane thickness and inflammatory cell number in bronchial biopsies. *Eur Respir J* 1998;12:811–15.
- Sont JK, Willems LN, Evertse CE, et al. Repeatability of measures of inflammatory cell number in bronchial biopsies in atopic asthma. Eur Respir J 1997;10:2602-8.
- Altman D. Practical Statistics for Medical Research. London: Chapman & Hall, 1991.
  Ferkol T, Rosenfeld M, Milla CE. Cystic fibrosis pulmonary exacerbations. J Pediatr 2006;148:259–64.
- Tsartsali L, Hislop AA, McKay K, *et al.* Development of the bronchial epithelial reticular basement membrane: relationship to epithelial height and age. *Thorax* 2011:66:280–5.
- Birrer P, McElvaney NG, Rudeberg A, et al. Protease-antiprotease imbalance in the lungs of children with cystic fibrosis. Am J Respir Crit Care Med 1994;150:207–13.
- Bruce MC, Poncz L, Klinger JD, et al. Biochemical and pathologic evidence for proteolytic destruction of lung connective tissue in cystic fibrosis. Am Rev Respir Dis 1985:132:529–35.
- Molina-Teran A, Hilliard TN, Saglani S, et al. Safety of endobronchial biopsy in children with cystic fibrosis. Pediatr Pulmonol 2006;41:1021-4.
- Regamey N, Balfour-Lynn I, Rosenthal M, *et al.* Time required to obtain endobronchial biopsies in children during fiberoptic bronchoscopy. *Pediatr Pulmonol* 2009;44:76–9.
- Bedrossian CW, Greenberg SD, Singer DB, et al. The lung in cystic fibrosis. A quantitative study including prevalence of pathologic findings among different age groups. Hum Pathol 1976;7:195–204.
- De Rose V. Mechanisms and markers of airway inflammation in cystic fibrosis. Eur Respir J 2002;19:333–40.
- Al Alam D, Deslee G, Tournois C, et al. Impaired interleukin-8 chemokine secretion by staphylococcus aureus-activated epithelium and T-cell chemotaxis in cystic fibrosis. Am J Respir Cell Mol Biol 2010;42:644–50.
- Prause 0, Bozinovski S, Anderson GP, et al. Increased matrix metalloproteinase-9 concentration and activity after stimulation with interleukin-17 in mouse airways. *Thorax* 2004;59:313–17.
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- Zheng L, Lam WK, Tipoe GL, *et al.* Overexpression of matrix metalloproteinase-8 and -9 in bronchiectatic airways in vivo. *Eur Respir J* 2002;20:170–6.
- Bruscia EM, Zhang PX, Ferreira E, et al. Macrophages directly contribute to the exaggerated inflammatory response in cystic fibrosis transmembrane conductance regulator-/- mice. Am J Respir Cell Mol Biol 2009;40:295–304.
- Brennan S, Sly PD, Gangell CL, et al. Alveolar macrophages and CC chemokines are increased in children with cystic fibrosis. Eur Respir J 2009;34:655–61.
- Hubeau C, Puchelle E, Gaillard D. Distinct pattern of immune cell population in the lung of human fetuses with cystic fibrosis. J Allergy Clin Immunol 2001;108:524-9.
- Castro M, Bloch SR, Jenkerson MV, et al. Asthma exacerbations after glucocorticoid withdrawal reflects T cell recruitment to the airway. Am J Respir Crit Care Med 2004;169:842–9.
- Qiu Y, Zhu J, Bandi V, et al. Bronchial mucosal inflammation and upregulation of CXC chemoattractants and receptors in severe exacerbations of asthma. *Thorax* 2007;62:475–82.
- Qiu Y, Zhu J, Bandi V, et al. Biopsy neutrophilia, neutrophil chemokine and receptor gene expression in severe exacerbations of chronic obstructive pulmonary disease. Am J Respir Crit Care Med 2003;168:968-75.
- Dubin PJ, Kolls JK. IL-23 mediates inflammatory responses to mucoid Pseudomonas aeruginosa lung infection in mice. *Am J Physiol Lung Cell Mol Physiol* 2007;292:L519-28.
- Liu J, Feng Y, Yang K, et al. Early production of IL-17 protects against acute pulmonary Pseudomonas aeruginosa infection in mice. FEMS Immunol Med Microbiol 2011;61:179–88.
- Amin R, Dupuis A, Aaron SD, et al. The effect of chronic infection with Aspergillus furnigatus on lung function and hospitalization in patients with cystic fibrosis. Chest 2010;137:171–6.
- Kraemer R, Blum A, Schibler A, et al. Ventilation inhomogeneities in relation to standard lung function in patients with cystic fibrosis. Am J Respir Crit Care Med 2005;171:371–8.
- Gamble E, Qiu Y, Wang D, *et al.* Variability of bronchial inflammation in chronic obstructive pulmonary disease: implications for study design. *Eur Respir J* 2006;27:293–9.
- Jeffery P, Holgate S, Wenzel S; Endobronchial Biopsy Workshop. Methods for the assessment of endobronchial biopsies in clinical research: application to studies of pathogenesis and the effects of treatment. *Am J Respir Crit Care Med* 2003;168:S1–17.

## Role of kinase suppressor of Ras-1 in *Pseudomonas aeruginosa* infections

Respiratory infection with *Pseudomonas aeruginosa* can have serious implications, particularly on a background of immunodeficiency, cystic fibrosis and mechanical ventilation. In this study, by conducting a series of experiments on mice, the authors identified the key role of the kinase suppressor of Ras-1 (Ksr1), an enzymatic protein, in the innate host response to *P aeruginosa* infection.

Ksr1 deficiency impairs the bactericidal activity of alveolar macrophages and, as a consequence, Ksr1-deficient mice were found to die of sepsis from failed clearance of *Paeruginosa*. The bactericidal activity of alveolar macrophages and neutrophils is mediated by the formation and release of nitric oxide (NO) and peroxynitrite, which is triggered by Ksr1. This occurs through a previously unidentified pathway where Ksr1 functions as a unique scaffold and mediates the interaction between inducible NO synthase (iNOS) and heat shock protein 90, thereby activating iNOS and releasing NO, which kills the bacteria.

The authors concluded that this study identifies a unique role of Ksr1 in bacterial infection and they have shown a link between Ksr1 and the regulation of bacterial pneumonia and sepsis.

Zhang Y, Li X, Carpinteiro A, et al. Kinase suppressor of Ras-1 protects against pulmonary Pseudomonas aeruginosa infections. Nat Med 2003;17:341–6.

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