

mean serum level of EPO was 9.3 ± 11.3 ng/ml (median $\pm$ SD) in controls, and 28 ± 37.8 ng/ml in the asthmatic patients. Depending on the asthma severity, the EPO levels were 25 ± 30.5 ; 29 ± 37.1 , and 41 ± 47.3 ng/ml in mild, moderate, and severe asthmatics, respectively, being the significant differences between the group of patients with mild and severe asthma ($p < 0.001$). The number of eosinophils (eos) in peripheral blood was 157 ± 20 eos/mm³ in the controls, 334 ± 35 eos/mm³ in mild asthmatics, 510 ± 87 eos/mm³ in moderate asthmatics, and 658 ± 72 eos/mm³ in severe asthmatics, with significant differences between all the groups (from $p < 0.05$ to $p < 0.001$). Both the serum levels of EPO and the number of eosinophils

were greater in patients with active asthma than in patients with inactive asthma ($p < 0.001$). Significant negative correlations ($p < 0.001$) were found between serum levels of EPO and FEV₁ ($r_s = 0.30$), MEF₂₅₋₇₅ ($r_s = -0.33$), and MEF₅₀ ($r_s = -0.34$), and a good positive correlation ($r_s = 0.80$, $p < 0.001$) was found between EPO levels and the number of eosinophils in peripheral blood. We also found a significant positive correlation between eosinophil number and clinical score ($r_s = 0.54$, $p < 0.001$) and between EPO levels and the mentioned score ($r_s = 0.46$, $p < 0.001$).

Key words: Bronchial asthma; Eosinophil peroxidase; Eosinophils; Inflammation Marker.

Bacterial immunotherapy in bronchial asthma

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Nowadays, bacterial etiology is probably the least considered and most controversial in the etiopathogenesis of bronchial asthma. It was in the first decades of this century when several authors insisted on the close relation between infection and asthmatic response. This is why, since antibiotics have appeared, many renowned authors insist on the basic treatment of the infection with antibiotics. Also, the need of immunotherapy with bacterial antigens is being emphasized, considering the importance of this factor in bronchial asthma. Nevertheless, there are some detractors who, in our opinion, do not base their criteria on experience or precise data which support the rejection of the bacterial infectious factor as a causal triggering factor. It has been in the last decade when

several authors, none among them, confirm the importance of the bacterial antigen, and especially its potentiating role on the inhalant allergens. On the other hand, in the last decade the symptomatic treatment of asthma by means of bronchodilators and corticosteroids is being fomented. That is, the maintenance of the asthmatic patient is being fomented instead of his consequent treatment, fighting the infection. According to our long experience and the positive number of cases obtained, again we insist on the need to treat bronchial asthma with bacterial immunotherapy. Therefore, it is necessary to study this aspect more in depth in order to reach a real knowledge of all of the above.

Key words: Bacterial immunotherapy; Bacterial infectious asthma; Bacterial antigen potentiation; Dendritic cells and bacterial infection; ECP and bacterial infection.