

Dermatophagoides in childhood asthma

To the Editor

We have read the original article published in the journal titled "Dermatophagoides in childhood asthma",¹ it was very useful and absolutely informative. However, we would like to obtain clarifications regarding the following points: 1. Paragraph 5 and Table 3 in the results mentioned that severity of asthma is not affected by hypersensitivity to a single strain of house dust mites (HDM) or to both strains. However in the abstract and the main text of the manuscript, it is concluded that hypersensitivity to HDM is an important risk factor for persistent and severe forms of asthma and this conclusion does not support the stated objectives. Moreover, to conclude that *D. pteronyssinus* and *D. farinae* are an important risk factors for asthma, a control group should have been used for comparison. 2. In the methods section, it is stated that the study adopted a randomized controlled trial design, but the design of the trial was not described. What were the groups into which the participants were randomized?. The justification for the small sample size in the study (n=82) from 2008-2010 (2 years data) is not mentioned. This may be due to the study setting, which is a pediatric allergy clinic. The patients included were primarily patients with asthma referred to the allergy clinic with suspicion of allergy. Hence, these results do not throw light on the current status of HDM hypersensitivity to *D. pteronyssinus* and *D. farinae* in pediatric patients with asthma. 4. The application of Neem oil extract was not clearly mentioned in the methods section. Neem oil extract and anti-HDM measures are control measures rather than a therapeutic tool. 5. In the present study, Pearson correlation coefficient cannot be computed to assess the association between the size of SPT and severity of asthma since the different degrees of severity are not a continuous variable. 6. The group comparison was performed using ANOVA, and Fisher's exact test was used to test the independence. However, both statistical tools are inappropriate since

the data has been represented in 2x4 tables. 7. In the discussion, authors imply from their observations that the significant improvement among severe degrees of asthma is due to Neem oil extract; this implication cannot be drawn for 3 reasons. a) The patients were not assigned into 2 groups namely Neem oil extract group and anti-HDM measure group and analyzed separately to assess the effect of each treatment. b) The Neem oil extract with other environmental anti-HDM measures were used together, and the patients were not compared with a control. c) The patients were taking prescribed medications, which could also be attributed to the symptom improvement.

As per the results in paragraph 4, it was found that 18/22 HDM+ in the mild intermittent group were sensitive to *D. pteronyssinus*, and 19/22 to *D. farinae*. However, in Table 3 the cells are found to be '0' for *D. pteronyssinus* and '1' for *D. farinae* in the mild intermittent group. In the methods along with HDM hypersensitivity to *D. pteronyssinus* and *D. farinae*, allergy tests for common foods, epithelia, moulds and pollen were also performed, however, these results were not presented, and These finding could also have provided useful insights into the severity of asthma.

*Teena Thomas
Aji Gopakumar
Research Division
Gulf Medical University
Ajman, United Arab Emirates*

Reply from the Author

No reply was received from the Author.

References

1. Adham TM, Tawfik SA. Dermatophagoides in childhood asthma *Saudi J Med* 2012; 33: 292-297.