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LETTER

Macrolide antibiotics in diffuse panbronchiolitis and in cystic fibrosis

To the Editor:

I share the interest shown by EVERARD *et al.* [1] in the use of macrolide antibiotics in cystic fibrosis (CF). Some patients with chronic *Pseudomonas* colonization do appear to improve when given prolonged courses of azithromycin, and the possibility that this is due to an anti-inflammatory rather than an antibacterial effect is supported by the findings of MOLINARI *et al.* [2] that subinhibitory concentrations of this antibiotic inhibit pseudomonal virulence factors *in vitro*. Unfortunately, Everard's preliminary findings of a fall in sputum interleukin (IL)-8 levels with erythromycin treatment would appear to be nonsignificant given that a large study has demonstrated that sputum IL-8 levels in CF patients are log-normally distributed [3] rather than normally distributed as suggested by the figure in Everard's letter.

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