



SHAREABLE PDF

# Why do we still cling to spirometry for assessing small airway function?

Frederik Trinkmann <sup>1,2</sup>, Henrik Watz<sup>3</sup> and Felix J.F. Herth<sup>1</sup>

**Affiliations:** <sup>1</sup>Pneumology and Critical Care Medicine, Thoraxklinik at University Hospital Heidelberg, Translational Lung Research Center Heidelberg (TLRC), Member of German Center for Lung Research (DZL), Heidelberg, Germany. <sup>2</sup>Dept of Biomedical Informatics of the Heinrich-Lanz-Center, University Medical Center Mannheim, Heidelberg University, Heidelberg, Germany. <sup>3</sup>Pulmonary Research Institute at LungenClinic Grosshansdorf, Airway Research Center North (ARCN), Member of the German Center for Lung Research (DZL), Grosshansdorf, Germany.

**Correspondence:** Frederik Trinkmann, Thoraxklinik at University Hospital Heidelberg, Röntgenstraße 1, 69126 Heidelberg, Germany. E-mail: frederik.trinkmann@med.uni-heidelberg.de



@ERSpublications

**Small airway function comprises heterogenous interactions between ventilation, diffusion, perfusion and inflammation that cannot be covered by spirometry** <https://bit.ly/2LiyQ5E>

**Cite this article as:** Trinkmann F, Watz H, Herth FJF. Why do we still cling to spirometry for assessing small airway function?. *Eur Respir J* 2020; 56: 2001071 [<https://doi.org/10.1183/13993003.01071-2020>].

This single-page version can be shared freely online.

## To the Editor:

With great interest we read the article by ARSHAD *et al.* [1] and the accompanying editorial [2] in the March 2020 issue of the *European Respiratory Journal*. We fully agree that early detection and small airway function are both of utmost importance for the management of obstructive lung disease. However, we have some methodological concerns in this context. These should be discussed as certain imitations of the important work at hand.