Sir,

We read with interest the article(1) titled, “Bronchoalveolar lavage cellular analyses in conjunction with high-resolution computed tomography imaging as a diagnostic intervention for patients with suspected interstitial lung diseases.” We would like to convey following comments:

The study has been based on ATS guidelines, which recommend bronchoalveolar lavage (BAL) cellular analysis for supporting diagnosis of a specific interstitial lung disease (ILD) and narrowing down the differential diagnosis. Authors have not only followed the guidelines correctly but also have misinterpreted them. They have classified ILDs such as Idiopathic pulmonary fibrosis (IPF), chronic hypersensitivity pneumonitis into acute, subacute, with superimposed infection based on cellular analysis, which needs to be clarified. The usage of terms such as “acute IPF,” “sub-acute IPF with bronchitis,” “bilateral sub-acute exacerbation of chronic hypersensitivity pneumonitis with allergic bronchitis,” and “bilateral sub-acute rheumatoid arthritis induced ILD” in conjunction with BAL findings again requires clarification from authors.

In results, authors have classified ILDs based on clinical findings. They have included the entity named as “aspiration bronchiolitis,” which needs to be clarified. In results, the percentage variability is too high which loses significance in view of small sample size.

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Conflicts of interest
There are no conflicts of interest.

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Letters to Editor

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