

## Interest of Spirometry in the Early Diagnosis of Bronchial Asthma

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### Introduction

The evaluation of distal flow rates during the initial examination of the asthmatic disease represents an early diagnostic factor superior to the clinical data (adopted as a basic element for the positive diagnosis of asthma) and the significant variations of the FEV1 after bronchodilation at baseline.

### Interest of the question

Distal disturbances represent by far the primitive pole of the respiratory functional disorders in relation to the fragility of structures at this level and their vulnerability to inflammation.

The asthmatic disease usual clinical aspect has profoundly changed. Indeed, we often find cases of non - sibilant asthma, sometimes a dry cough or a mere discomfort.

The practice of a good spirometry gives us in almost all cases, a disruption of the distal airflow while the FEV1 (and its ratio to the total forced lung capacity) remains normal. This normality misleads us and we often miss an unknown asthma that can develop and reach the threshold of the crisis with deterioration of Tiffeneau ratio.

### Conclusion

After several randomized spirometrics test and observations, we can note that distal spirometry is more reliable than the reversibility of FEV1 but also more reliable than the Tiffeneau ratio during early COPD and distal respiratory tract diseases.

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