**Current approach to the diagnosis of allergic bronchopulmonary aspergillosis**

To the Editor:

We read the work of Saxena et al\(^1\) with great interest. In this study, the authors aimed to compare the diagnostic performance of various criteria used for evaluating allergic bronchopulmonary aspergillosis (ABPA) and found that the International Society for Human and Animal Mycology (ISHAM) criteria were only marginally better than the Rosenberg-Patterson criteria to identify ABPA in patients diagnosed with asthma. They also improved the sensitivity of the ISHAM criteria by modifying it. We thank the authors for working on a subject for which data are lacking in the literature.

In this study, the authors reported that, of the 543 subjects, 338 (62.2%) were mild-to-moderate asthma and 205 (37.8%) were severe asthma cases. However, the data regarding the percentage of the severe asthma cases in patients with ABPA, diagnosed separately with the ISHAM and Rosenberg criteria, were missing. We believe that this information is important to answer the questions: (1) Is ABPA only seen in severe asthmatics? (2) In what proportion of patients with mild-to-moderate asthma should we expect ABPA? Providing the percentage of severe asthma cases in both diagnostic criteria separately might help and alert clinicians to diagnose ABPA in their daily clinical practice.

Another important point we want to draw attention is that the low sensitivity of the ELISA method used to detect *Aspergillus fumigatus*–specific IgG and the lack of a consensus on the definite cutoff value lead to a discussion on the need for this parameter in ABPA diagnosis.\(^2\) This is also valid for *Aspergillus* precipitating antibody tests. In-house precipitin assays with poorly defined antigens have been prepared by various specialist laboratories for this purpose, but their replication in other laboratories is inconsistent.\(^3\) It is therefore not possible to use them in resource-poor facilities, and specialist mycology laboratories are few.\(^4\) The results with precipitins were deficient in this study, similar to an earlier one.\(^5\) The technique is also manual and time-consuming, the results are subjective, and reliable replication is difficult.\(^6\)

We believe that it is necessary to discuss and re-evaluate the necessity of *A. fumigates* precipitating antibodies and specific IgG positivity and be flexible with the current diagnostic criteria, especially in patients with radiological findings that are consistent with ABPA with elevated total IgE levels.

**REFERENCES**