



# Foreword

## Eliminating Artificial Airway Divisions Enhances Patient Outcomes



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In medical school, there are artificial divisions drawn between the upper airway—nose, paranasal sinuses, pharynx, and larynx, and the lower airway—trachea, bronchi, and lungs. Material relating to these organ systems is taught in individual silos of otolaryngology and pulmonology. This separation continues on in the way medicine is practiced. However, patients experience disease that affects both upper and lower airways, and it behooves the astute clinician to understand the airway as a unified phenomenon.

The concept of a unified airway is based on long-standing clinical observations that patients with lower airway disease have a high incidence of upper airway disease as well. In the last two decades, interest has increased in the relationship between the lower and the upper airways and the shared inflammation between the two. Dr Jack Krouse proposed three criteria in support of the theory of the unified airway<sup>1</sup>:

1. Patients with upper airway disease, such as rhinitis and rhinosinusitis, should have a higher prevalence of lower respiratory diseases, such as asthma; the corollary, increased prevalence of upper respiratory disease among patients with lower respiratory diseases, also should be present.
2. Interrelated pathophysiologic mechanisms between upper and lower airway diseases should exist to explain the interaction of these two disease processes.
3. Treatment of one portion of the unified airway should improve symptoms in a separate portion of the respiratory system.

Drs Devyani Lal, Angela M. Donaldson, and David W. Jang took on the challenge of updating the 2008 issue of *Otolaryngologic Clinics of North America* on the Unified Airway with aplomb. As the original concept is now well-recognized, these Guest Editors selected topics and authors to highlight the advances in knowledge of inflammation and targeted therapies. This 2023 issue explores topics such as diagnosis, why some get airways disease and others do not, including genetics, epigenetics, environmental factors, and sex differences, and various specific airways diseases, and concludes with medical and surgical treatments. I hope that once you read this issue you will feel inclined to share it with your colleagues in pulmonary medicine and allergy/immunology and continue to promote the concept of the unified airway to enhance patient care.

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## REFERENCES

1. Krouse JH, Brown RW, Fineman SM, et al. Asthma and the unified airway. *Otolaryngol Head Neck Surg* 2007;136:S75–106.