

## Editorial

Bronchial thermoplasty (BT) is a novel endoscopic procedure for severe bronchial asthma. Historically, it is performed in 3 separate treatment sessions, targeting completely different parts of the respiratory organ, and therefore needs an anesthetic and hospital admission. Compression of treatment into a pair of sessions would present a more convenient option for patients. During this prospective empirical study, the protection of press BT into two treatment sessions was compared with the standard three treatment approach.

Sixteen patients meeting ERS/ATS criteria for severe bronchial asthma consented to participate in an accelerated treatment schedule (ABT) that treated the entire respiratory organ followed by the proper respiratory organ four weeks later. The short outcomes of those patients were compared with 37 patients treated with standard BT programming (CBT). The end result measures went to assess safety were (1) the need to stay in hospital on the far side the elective planned 24-h admission and (2) the requirement for re-admission for any cause among of 30 days of treatment [1].

This study demonstrates that ABT ends up in bigger short deterioration in respiratory organ operate related to a bigger risk of prolonged hospital and ICU keep, preponderantly to young females. Therefore, in females, these risks have to be compelled to be balanced against the convenience of fewer treatment sessions. In males, it should be a bonus to compress treatment [2].

Bronchial thermoplasty (BT) may be a medical instrument, non-pharmacological intervention for the management of bronchial

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