INTRODUCTION

Asthma is the most common chronic lung disease in children and is a leading cause of emergency room visits, hospital admissions, and school absenteeism ***(Canny et al., 1991).***

Definition :

Boushey et al.,(1980) defined asthma as a diffuse obstructive lung disease with two characteristics namely, hyperreactive air way to variety of stimuli and high degree of reversibility of this obstructive process either spontaneously or with treatment. Recent definitions for asthma has added "bronchial hyper-reactivity" as hallmark of asthma is present early in the disease, remain throughout life, and is related to progressive loss of pulmonary functions after mid life.

"Bronchial hyperesponsiveness" is an important term in asthma. It is a state of abnormal sensitivity of the tracheobronchial tree to a wide range of stimuli. The hyperresponsiveness state is characteristic of asthmatic and atopic individuals and is responsible for many of the features of asthma ***(Snashell and pauwels, 1987).***

-- Cytological examination of the nasal smear is very important. If the allergy is secondary to inhalants, many eosinophils can be found, while in food allergies, the predominant element is the large number of mast cells, ***(Bryan & Bran, 1980).***

-- The nasal smear enables us to identify sensitisation to an inhalent allergen in young asthmatic patients, where allergen can not be found by conventional laboratory diagnostic porcedures***(Shimojo et al., 1992).***

-- Moreover the nasal smear is useful in evaluating the presence of viral infections during asthma aggravation among young children, whereas evalution of these infections may be difficult by blood tests or chest-Roentgenograms ***(Nagayama et al., 1992).***