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compressions worsened and these improved only after the addition of prednisolone. Cushing's syndrome has never been seen in our patients, thanks to a thorough salt restricted diet and other precautions.

We conclude that whenever severe bronchial compression has been demonstrated, steroids remain beneficial and should be added to the specific antituberculous treatment notwithstanding the available powerful antituberculous drugs and despite the fact that this will increase the load of the treatment. The benefit was sufficiently noticeable and significant even in this small series to consider it unethical to continue the trial. All eligible patients should benefit from steroid treatment under optimal conditions.

The patient's or family's compliance should be carefully evaluated before starting steroids, as the risk of damage as a consequence of poor administration or an incorrect diet would be greater than the expected benefit. Patients with bronchial compression not receiving steroids should be carefully and closely observed, as they will perhaps need more therapeutic bronchoscopies.

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