Asthma is a heterogeneous disease. Despite high doses of ICS with LABA, almost 20% of asthmatics may experience a poor control of the disease. It is estimated that a subgroup of those patients has persistent airway eosinophilia and frequent exacerbations. The identification of an "eosinophilic phenotype" can support the physicians to select a subgroup of potential responders to other therapeutic strategies.

**RESULTS**

On average, the eosinophil count was 6.1% (±5.2). In 58.7% of patients, eosinophils exceeded 4%. Age, gender, smoke habits, ACT (Asthma Control Test) and comorbidities are not different in the two categories (EOS <4%, ≥4%). Nevertheless, patients with EOS ≥4% have a respiratory functional impairment (lower FEV1/FVC, Figure 2), a higher value of exhaled nitric oxide (Figure 3), and a greater number of exacerbations in the previous year (Figure 3).

Moreover, there is a correlation between the use of systemic corticosteroids and increased count of eosinophils (p=0.0009).

**CONCLUSIONS**

Our data suggest that eosinophilia is present in patients with poorly controlled asthma, relates with the severity of disease and it should be considered as a marker for the therapeutic strategy.

In conclusion, eosinophilia can be considered as an indicator of a possible predisposition to a phenotype of asthma more difficult to treat with medium/high dose of ICS/LABA inhalation therapy.