diastolic murmurs as being loudest over the cardiac apex or in the fourth intercostal space. The murmur in our patient was heard only in the second and third intercostal spaces. This is most likely because of the cephalic anatomic position of the vein graft in relation to the left anterior descending coronary artery.

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REFERENCES

Exacerbation of Respiratory Failure by Paregoric

To the Editor:

Narcotic agents are known to be associated with deterioration of respiratory status in patients with or without pre-existing lung disease. We observed two patients with exacerbation of chronic respiratory insufficiency following routine administration of paregoric for ampicillin-induced diarrhea.

CASE REPORTS

A 64-year-old man with COPD and hypercapnea was admitted for treatment of tracheobronchitis and received oral ampicillin, 250 mg qid. Although pulmonary symptoms improved, he developed diarrhea and was treated with 5 ml oral paregoric. An hour later, he was noted to be somnolent and with worsened hypercapnia as evidenced by arterial blood gas levels. Over the next two hours, his general condition spontaneously improved. However, the diarrhea persisted and he received an additional 5 ml of paregoric with similar somnolence and deterioration of arterial blood gas levels. This episode again corrected itself spontaneously with return of PO₂ to "pre-paregoric" levels.

A 58-year-old man with a similar history and clinical presentation also received paregoric 5 ml for ampicillin-induced diarrhea. His somnolence and acute respiratory depression from paregoric was rapidly reversed with intravenous naloxone 0.8 mg.

COMMENT

Although paregoric-induced acute respiratory depression has not been reported, both of these patients illustrate the need to avoid pharmacologic blunting of cortical drive. Paregoric USP contains 50 mg of powdered opium (equivalent to 2 mg of anhydrous morphine) per 5 ml. Administration of even small doses of narcotic alkaloids should be avoided in the patient with chronic hypercapnia. Fortunately, paregoric-induced respiratory depression reverses administration of naloxone, a method preferred to oxygen administration which may depress hypoxicemic drive. Antibiotic-induced diarrhea may be treated with alternative antibiotics and/or kaolin-pectin suspension, prophylactic administration of a Lactobacillus preparation when starting ampicillin therapy, or use of an antidiarrheal agent with low respiratory depression potential such as the non-narcotic loperamide.

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REFERENCES

Cause of Chylous Pleural Effusion

To the Editor:

Even though the occurrence of chylous ascites is a well recognized complication of pancreatitis, most reviews of chylothorax, including the recent extensive clinical conference by Hughes et al (Chest 76:212-219, 1979) have not included pancreatitis as a cause of chylous pleural effusion. Pleural effusions due to pancreatitis may vary greatly in their gross characteristics, ranging from chemothorax to serous effusion. Rare instances of chylous thorax associated with pancreatitis have also been reported.

In 1960, Evans observed left-sided pleural effusion three days after a fall in an elderly woman with diabetes mellitus and depression. She had pain in the right hip and inability to move her right lower extremity. Two thousand ml of milky-creamy fluid was aspirated from the left pleural cavity. This fluid "contained much fat when stained with Sudan IV" and had 690 mg/ml of total lipids (separate values for cholesterol and triglycerides are not available). The creamy opacity partially cleared with ether extraction. She succumbed and at autopsy was found to have opaque milky fluid in the peritoneal cavity (6,000 ml) and in the left pleural cavity (3,000 ml). Fibrosis of the pancreas, particularly in the head, was noted. This dense fibrosis extended posteriorly involving the periortic tissue and also obstructed the lower part of the cisterna chyli and its tributary chyle radicles. The upper part of the cisterna chyli and the thoracic duct were normal.

In a second case, an acute left pleural effusion developed after drainage of a posttraumatic pseudocyst. Pancreatic