"Therapeutic" Holter Monitoring

To the Editor:

The diagnostic value of Holter monitoring has been frequently written about, but its therapeutic properties have justifiably received less attention. We therefore wish to report the first case of therapeutic Holter monitoring.

We recently had the opportunity to observe a patient whose ventricular tachycardia, probably quinidine-induced, was terminated by the patient falling on the Holter box, thus "auto-thumping" herself. At the time of the fall, the Holter cables broke, so her first sinus beat was not seen. Minutes later, however, and without benefit of conventional resuscitation, the patient was found to be in normal sinus rhythm, normotensive, and awake. The tape immediately preceding the "Holter resuscitation" is shown in Figure 1, and the patient's sinus rhythm is shown in Figure 2.

An exhaustive literature search* failed to find any reference to therapeutic Holter monitoring. Since Holter monitoring is fast becoming endemic, clinicians should be aware of its potential therapeutic properties. Determination of its true utility, however, will have to await a prospective cooperative multicenter trial with patients randomized to Holter or Sham Holter (dummy recording box) groups, with particular attention to confounding variables, such as right or left shoulder strap locations.

*Medline (Medline on-line), current file (1977-present), was searched exclusively for the word "Holter."

Now that attention has been drawn to this phenomenon, no doubt other instances of the Holter auto-thumping syndrome (HATS) will be recognized and reported.

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Confusion in Terminology of Lung Sounds

To the Editor:

We read with special interest the report by Bunin and London which describes the confusion associated with lung sound terminology (Chest 1979; 76:690-692) In a recent case report that was submitted to an American journal, we described a patient who "was noted on physical exam to have diffuse wheezes, crackles and marked expiratory slowing upon auscultation." The reviewer of our manuscript, however, stated that "the word crackles, although used frequently, has no specific pathophysiology and should be replaced by a word such as rales or rhonchi."

Forgacs' work describing the functional basis for breath sounds provides specific pathophysiology for the use of the terms crackles and wheezes, and advocates their usage. We fully endorse the viewpoint of Bunin and London that lung sound terminology clearly requires standardization to enhance improved communication.

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REFERENCE


Figure 1. Continuous Holter monitoring recording, showing 18 seconds of ventricular tachycardia, followed by a straight line (ie, cable fracture).

Figure 2. Bedside ECG, the next day, demonstrating normal sinus rhythm.