Spasm of the Retinal Vessels in Association with Unstable Primary Angina

To the Editor:

The role of vasospasm, with or without associated coronary arterial stenosis, in causation of angina is an established fact at present. Circadian variation in the coronary arterial resistance has also been well documented.

Association of spasm of the retinal arteries with primary and unstable angina, a significant and interesting phenomenon, was first observed by us in May, 1982 in a man aged 41 years. He had severe chest pain in May, 1982 and was diagnosed as having an inferior wall infarction. Ophthalmoscopic examination was performed 24 hrs after the attack of pain. The fundus showed marked spasm in most of the arteries in both eyes. The patient was kept on 2-hourly doses of isosorbide dinitrate (Isordil), heparin and nifedipine (Adalat). The pain continued to occur at intervals for the next 72 hrs. During this period, the spasm was still present in the retinal vessels, but to a lesser degree. After 72 hrs, the vessels appeared fairly well dilated and the chest pain had also gone. During the last 1½ years, periodic examinations have revealed that there is occasional chest pain, and if a fundus examination is made at the time, there is spasm in some of the branches of the retinal vessels. With the administration of sublingual isosorbide dinitrate (Sorbitrate), there is relief, both in the pain, as well as the spasm of the retinal vessels.

The patient was a heavy smoker and still smokes occasionally. While smoking, the spasm increases, but 5 min later it disappears.

Subsequently, we have observed this association in at least 25 patients. All are men below the age of 50 years. None of these patients had any history of hypertension. The spasm of the retinal arteries was mostly segmental and occasionally generalized, associated with transient blurring of vision in a small number of cases.

The retinal vasospasm has a correlation with the anginal pain. With coronary vasodilators and calcium antagonists, etc., nitroglycerine, nifedipine, verapamil, etc., and the relief of symptoms, the retinal arteries became normal in every case. In fact, it was even possible to adjust the requirement of the anti-anginal drugs watching the state of the retinal arteries. The above observation is especially useful in patients below the age of 50 years. The association of cigarette smoking and vasospasm, as observed in a few patients, deserves special consideration.

As we do not have facilities to take retinal photographs, we are unable to document this observation which was confirmed in every case by the ophthalmologist co-author of this communication. We should like to know if this phenomenon has been studied and documented properly in any other center, so that the specificity of our observation can be critically assessed.

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Thoracoscopic Lung Biopsy using Tissue Adhesive Material and/or Deep Ligator

To the Editor:

We have developed two methods of performing lung biopsy via thoracoscopy. In one method, biopsy is followed by hemostasis with a high frequency probe and halting of air leakage from the biopsied site by tissue adhesive material (alkyl-cyanocrylate monomer). The other method involves the use of a deep ligator for thoracoscopic lung biopsy. The deep ligator was developed by the authors and is 25 cm in length with a light fixed at the tip. The tip consists of two coaxial cylinders, the internal one protruding 2 mm from the external one. The ligature thread is attached to the internal cylinder and knotted. When the grip handle is grasped, the external cylinder is moved forward 2 mm, releasing the suture thread attached to the inner cylinder, and the biopsied lung is drawn into the inner cylinder and sutured at the base of the biopsy site.

Thoracoscopic examination was performed in 375 cases, lung biopsy in 146 cases, biopsy of the parietal pleura in 30 cases, and mediastinal tumor biopsy in four cases. In all biopsy cases, sufficiently large specimens were obtained and there was no complication. In 21 cases in which transbronchial lung biopsy had failed to yield a definitive diagnosis, thoracoscopic lung biopsy permitted diagnosis. In two cases of gold-induced pneumonitis, the gold content could be measured.

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REFERENCES


Home Ventilation

To the Editor:

I have read with great interest the article by Splaingard et al, “Home Positive Pressure Ventilation, 20 Years Experience,” which appeared in the October, 1983 issue of Chest, along with Allen Goldberg’s incisive editorial concerning home ventilator care.