Alcohol Consumption and Emphysema

To the Editor:

The provocatively entitled article (Chest 1984; 85:372-77) by Drs. Pratt and Vollmer, reports a significant positive association of centrilobular emphysema (CLE) with smoking (p = 0.009) and a similar negative association of CLE with alcohol consumption (p = 0.008). Their statistical analyses suggest that alcohol is as protective against CLE as smoking is causative! This study merits thoughtful reconsideration.

First, their statistical analyses and interesting theory may be based on flawed historic data. One can derive from the data presented in their tables 2 and 3 that they classified eight of the 65 heavy alcohol-using men as never-smokers (65 - 57 = eight). In my experience, heavy alcohol users are almost invariably current smokers or ex-smokers; therefore, I suspect the information obtained retrospectively from medical records may be incomplete or inaccurate. As my impressions are anecdotal, I offer a friendly challenge to the authors or their colleagues to prospectively interview two or three score heavy alcohol users on the wards or clinics in North Carolina while I do the same in Southern California, to see if we can find a single adult heavy alcoholic user who has never been a smoker.

Second, if the published smoking classifications were correct, there would be 31 never-smokers in the series (304 x 0.152 = 31): one of 16 non-alcohol users had CLE (73 x 0.452 - 57 x 0.561 = 1); one of the six slight-to-moderate alcohol users had CLE (66 x 0.485 - 59 x 0.525 = one); and three of the eight heavy alcohol users had CLE (65 x 0.354 - 57 x 0.351 = three). In these 31 never-smokers the incidence of emphysema increased from 6 percent to 17 percent to 38 percent as the exposure to alcohol increased from none to slight-to-moderate to heavy. If we accept the classifications given, the pattern in this group suggests a causative rather than beneficial effect of alcohol.

Third, both alcohol abuse and tobacco abuse are serious problems. I fear the peruser of Chest and those promoting the sale of alcoholic beverages will accept the title, "The beneficial effect of alcohol consumption on the prevalence and extent of centrilobular emphysema" as a statement of fact rather than an interesting speculation.

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Re-expansion of Refractory Atelectasis

To the Editor:

We enjoyed reading the article entitled "Re-expansion of Refractory Atelectasis Using a Bronchofiberscope with a Balloon Cuff" by Harada et al (Chest 1983; 84:725-28). We have been using this technique routinely for over six years and still find it safe and effective in treating refractory atelectasis. We also found that some patients may require a second treatment when the atelectasis recurs.1

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Reference
1 Millen JE, Vandree J, Glauser FL. Fiberoptic bronchoscopic balloon occlusion and re-expansion of refractory unilateral atelec-