Communications

CASE REPORT

A 62-year-old male was admitted for exacerbation of chronic obstructive pulmonary disease requiring mechanical ventilatory support. Three days after initiating mechanical ventilation, the patient became hypotensive. A 7F Swan-Ganz catheter (non-heparin bonded) was inserted via the right antecubital vein for hemodynamic monitoring. One hour after insertion of the catheter, the patient developed progressive edema of the face, neck, chest and upper extremities. The catheter was removed ten hours later. As the catheter was withdrawn, pressure measurements revealed a pulmonary artery pressure of 45/30 mm Hg, right-atrial pressure of 18 mm Hg and, at the 45 cm mark, a pressure of 25 mm Hg. Dramatic resolution of edema occurred after removal of the catheter. A superior vena cava radiographic view was obtained utilizing a 7F catheter inserted via the right femoral vein. The study revealed stenosis at the junction of the right innominate vein and superior vena cava. Figure 1 depicts near-complete occlusion of the stenotic area by the 7F catheter.

DISCUSSION

The rapid development of superior vena cava syndrome after insertion of the 7F Swan-Ganz catheter, and its dramatic resolution after removal of the catheter, suggest acute venous obstruction related to the catheter. The increase in pressure as the catheter was withdrawn from the right atrium to the superior vena cava was additional evidence for the presence of obstruction. Flow directed pulmonary artery catheters not bonded with heparin can induce thrombus formation within one to two hours after insertion. The possibility of acute thrombus formation was considered in our patient but not documented by the superior vena cavaogram. Fortunately, a 7F catheter was also utilized for the superior vena cavaographic examination. The study revealed near-complete occlusion of the stenotic vein by the catheter itself. The dramatic resolution of edema after removal of the catheter points to obstruction by the catheter as the cause of the syndrome.

Silvio M. Santiago, M.D.; and Adrian J. Williams, M.B., FCCP, Wadsworth VA Hospital and the UCLA School of Medicine, Los Angeles

REFERENCES


Simplifying Flexible Fiberoptic Bronchoscopy

To the Editor:

During my first year as a Pulmonary Fellow, I have been attempting to master the art of flexible fiberoptic bronchoscopy. To my chagrin, I have discovered that the most difficult part of the procedure, for me, is guiding the instrument successfully through the naris and nasopharynx in a manner which causes little trauma to the tissues and is not uncomfortable for the patient. I believe that I have found a maneuver which facilitates this task. After placing the instrument in the nasal vestibule, I pass it until my pathway becomes narrowed. I then occlude the other nostril and ask the patient to sniff. This widens the pathway and it allows me to proceed without traumatizing the mucosa. On one occasion, I found this maneuver to be helpful in passing the bronchoscope between the vocal cords of a patient who insisted on swallowing each time I attempted to pass the bronchoscope forward.

Howard Jacobs, M.D.
Division of Pulmonary Medicine
University of Maryland
Baltimore

Eisenmenger's Syndrome

To the Editor:

My secretary and I have found disagreement concerning the proper spelling and definition of the disease process known as Eisenmenger's Syndrome among recent medical dictionaries. I collected information from dictionaries, major cardiology texts and Index Medicus citations since 1962 in order to see if common usage could be used to make a consensus statement.

The spelling discrepancy revolves around the use of the singular or possessive form of Eisenmengers and the results are as follows:

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<th>Dictionary</th>
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<tr>
<td>Eisenmenger</td>
<td>3</td>
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It seems that for the most part, dictionary and textbook authors feel the possessive form of the word is correct. However, authors of articles have had difficulty deciding the proper form to use. When one looks at other eponyms used in our medical vocabulary, the possessive form is favored when a single name is involved (ie, Epstein's, Meig's). When more than one name is used to form an eponym, the non-possessive form is used (ie, Budd-Chiari, Chediak-Higashl). Therefore, precedence seems to mandate the use of Eisenmenger's rather than Eisenmenger.

The definition of Eisenmenger's Syndrome is variable in the dictionaries as well. Many use the terms Eisenmenger's Syndrome and "Complex" interchangeably. Most textbooks are more discriminating, using "complex" to describe the existence of acquired pulmonary hypertension in a patient with a ventricular septal defect; "syndrome" is used to describe pulmonary hypertension developing in a patient with any type of right and left cardiopulmonary communication. The separation of "syndrome" and "complex" by textbooks needs to make its way into our dictionaries.

James R. Hupp, D.M.D., M.D., and Elaine Taylor, Vanderbilt University Medical Center, Nashville