Diagnostic Value of Hypercapnia

To the Editor:

I am pleased to see my preliminary observations on the diagnostic significance of hypercapnia in pulmonary embolism confirmed by subsequent case reports. Recent correspondence by Drs. Iseman, Haynes and Padmanabhan (Chest 1985; 88:155) appears to raise the question of whether to credit this important observation.

The notion that a "large minute volume—alveolar ventilation disparity" is of diagnostic value was widely disseminated (I hope) by Shapiro et al., in their now-classic textbook on blood gasses. The earliest case report specifically addressing this point remains that of Haynes and Iseman, but the best documented early report, by Dennis Mangano, traces the description of hypercarbia in massive acute embolism to a 1967 review by Sasahara et al. Now that we have "rediscovered" this subject, perhaps some readers will be able to trace it even further back into the past.

George Nikolic
Director, Intensive Care Unit
Woden Valley Hospital
Woden, Australia

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Spontaneous Pneumothorax
A Complication of Lung Cancer?

To the Editor:

We read with interest the article by Steinhäuslin and Cottat in Chest (1985;88:706). We wish to report a similar case of spontaneous pneumothorax and bronchoalveolar carcinoma, which appears to be the second in the literature.

A 47-year-old woman (non-smoker) came to our service with a complete, spontaneous pneumothorax of the right side. Her past medical history included mild shortness of breath for the previous two years and episodes of blood-stained sputum over the last six months. A chest x-ray film taken one year previously was reported to be normal.

On admission, chest x-ray film showed a complete right pneumothorax and a small pleural effusion ipsilaterally. An intercostal tube was inserted and the lung was fully expanded (Fig 1). Twenty-four hours after the air-leak ceased, the tube was removed and the patient remained symptomless. However, 24 hours later the pneumo-

Staging with CT

To the Editor:

We and several other groups have recently reported highly satisfactory results on staging the mediastinum in lung cancer with computer tomography (CT) using an approach similar to that of McKenna and co-workers, including generous mediastinal lymph node sampling at the time of thoracotomy. Unfortunately, there are no readily apparent explanations to explain the differences in our findings.

It is our conviction that metastasis of lung cancer to the mediastinal lymph nodes, particularly with gross lymph node involve-