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To the Editor:

We appreciate the opportunity to respond to Dr. Weinberger’s comments. While a variety of opinions have been expressed on this subject, we believe (as others have written) that bronchodilation occurs when plasma theophylline levels exceed 5μg/ml. By this criterion, our patients achieved bronchodilation with both theophylline preparations at all times during the 24-hour protocol. By contrast, dissimilar peak-to-trough ratios imply a great difference in the efficacy of the two preparations. We believe this conclusion to be misleading. The percentage of drug absorbed, similar for the two preparations, is more indicative of the relative merit of these products.

Finally, except for unsolicited positive feedback, we did not address the issue of patients acceptance of the treatment regimen. Nevertheless, patient compliance is required for any product to be efficacious. The fewer pills a patient has to take, the more likely he is to take them.56

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Never Order A Chest X-Ray
You Might Find Something

To the Editor:

In my medical community, I have been closely associated with chest x-ray films for over 35 years. As a beginning resident I was handed a roll of 70 mm employee chest films to read and became fascinated with the subject. I soon found that I was quite popular with the intern and resident population. A quick look at a chest film gave a very good picture of what this or that nurse looked like under the uniform.

Since that time I have served as an organizer and participant in tuberculosis mass survey programs; chief radiologist at a large tuberculosis sanitarium; consultant to government agencies, the legal profession, industry, and private physicians; and as an active member of the staff of a large teaching hospital.

I have read a minimum of 100 chest films a day, everyday, for the last 35 years. I have seen and continue to see conventional 14×17 chest films, 70 mm films, 100 mm films, 4×5 films, and many 35 mm micro films. I have made the following observations.

The routine chest film is a fundamental part of a patient’s work-up, as much a part as a blood count or urinalysis, and is basic in medicine for the evaluation of a sick or well patient. There has been an inordinate amount of “noise” in the last few years in an attempt to get rid of chest films as a routine procedure in apparently well patients, and even in patient’s with nonchest-related problems. I place these noisemakers in the radical fringe of medicine and feel that they should be given as much attention as any radical fringe political group. Anyone ordering a chest film is hoping for a diagnosis of

Preventing Endotracheal Fires

To the Editor:

The neodymium-YAG laser is now being widely employed in both major referral centers and community hospitals for the treatment of lesions in the airway. This treatment is associated with a significant risk of complications, many of which can be minimized by careful selection of patients.1 Unfortunately, one avoidable complication, endotracheal fires, continues to occur. Nd-YAG laser bronchoscopy is no longer considered investigational by the Food and Drug Administration. Consequently, incidents of adverse reactions are no longer reported by the instrument manufacturers. Nevertheless, the recent occurrence of fires is disturbing because reasonable precautions may be taken to prevent this usually catastrophic complication.

Casey et al1 reported an intratracheal fire associated with Nd-YAG laser bronchoscopy. Subsequent experience has confirmed and extended our original recommendations. A clear operative field is essential for safety. The tip of the laser fiber must be kept free of debris. Unsheathed laser fibers which are designed for urologic procedures should never be used in bronchoscopy. Our laboratory investigations have demonstrated that fires can occur at virtually any oxygen concentration. However, above an FiO2 of 0.4, the risk is unacceptable high. Very close cooperation with the anesthesiologist and other personnel is necessary to control oxygen concentration and maintain alertness to immediately withdraw the bronchoscope and endotracheal tube in the event of ignition. Each second burning material is left in the airway increases the severity of injury.

Finally, the continued occurrence of endotracheal fires is a strong argument in favor of the open tube metal bronchoscope as the preferred instrument for laser bronchoscopy.

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