extremities' venous circulation. Should congenital stenosis and/or duplication of IVC be another risk factor for deep venous thrombosis of lower limbs, early venography could help in deciding on prompt surgical interruption of vena cava.

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Tuberculosis and the Acquired Immunodeficiency Syndrome

To the Editor:

In a recent article, Handwerger et al reported a 15.1 percent incidence of tuberculosis in acquired immunodeficiency syndrome (AIDS) patients with a history of parenteral drug use, and a 4.4 percent incidence of tuberculosis in all other patients with AIDS. Previous studies have reported the incidence of tuberculosis in AIDS as being in the range of 2 to 4 percent. Our experience with these two disorders has been somewhat different, and we feel the recommendation of Handwerger et al—that all patients with AIDS or AIDS-related complex and undiagnosed pulmonary infections be maintained in respiratory isolation—is excessive.

At Naval Hospital, San Diego we used bronchoscopy to evaluate undiagnosed pulmonary infections in 35 patients with AIDS or serologic evidence of human immunodeficiency virus (HIV) infection between 1984 and 1986. Samples of bronchoalveolar lavage and lung biopsy specimens were routinely submitted for mycobacterial culture as well as pathologic examination. Our patients have been primarily active duty servicemen or retired persons who developed HIV infection following blood transfusion, blood product therapy or homosexual activity. We have had no patients with a history of intravenous drug abuse, perhaps due to the Navy's policy of random urine screening for drug abuse. We have found no evidence of infection with Mycobacterium tuberculosis or atypical mycobacteria in any patient studied.

Although our total numbers are small, we feel the absence of tuberculosis among our AIDS and HIV-infected patients is significant. This finding is most likely due to the Navy's practice of regular skin testing for tuberculosis and the prompt institution of prophylaxis or treatment when indicated. The incidence of unrecognized, untreated tuberculosis among the active duty population is therefore relatively low. The risk of tuberculosis infection in an individual is related to several factors, including the incidence of disease in the population and socioeconomic conditions, and not an HIV infection per se. While isolation may be appropriate for urban AIDS patients with a history of intravenous drug abuse, such measures are not appropriate for individuals from groups with a lower incidence of tuberculosis due to effective surveillance and control programs.

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The views expressed in this article are those of the authors and do not reflect the official policy or position of the Department of the Navy, Department of Defense, or the US Government.

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REFERENCES


To the Editor:

As noted by Maguire et al, our study described a higher incidence of tuberculosis among patients with AIDS than those of several other investigators. This finding is likely related to the catchment area of our institution, which includes lower Manhattan. High rates of tuberculosis (21 percent) among persons with AIDS have also been noted in other urban areas such as Newark. We agree that the nature of opportunistic infection among patients with AIDS may be influenced by socioeconomic and geographic factors. Therefore, our recommendation that respiratory precautions be observed for patients with undiagnosed pulmonary infections may be more appropriate in areas with a significant incidence of tuberculosis among patients with AIDS.

Sandra Handwerger, M.D.; Donna Mildvan, M.D.; Ruby Senie, Ph.D., and F.W. McKinley, P.A., New York

REFERENCE


Circulating Atrial Natriuretic Peptides during Exercise in Patients with Chronic Respiratory Failure

To the Editor:

Mammalian cardiac atria contain biologically active peptides that
and drawn immediately into ice-chilled disposable tubes containing Trasylol (500 KIU/ml) and EDTA (1 mg/ml). ANP value was measured according to the method previously described.1

Right atrial (RA) pressure, PA wedge pressure and plasma ANP concentration before and during exercise are shown in Figure 1. Plasma ANP concentration was increased by exercise and the increase was greater in patients with higher RA pressure or PA wedge pressure. Significant correlations of RA pressure and PA wedge pressure to plasma ANP concentrations were observed in the points obtained before and during each exercise in these patients (RA pressure r = 0.58, p<0.01, PA wedge pressure r = 0.82, p<0.01). These findings seem to be consistent with the hypothesis that elevated atrial pressure induced by exercise stimulates ANP release from the atrium in patients with chronic respiratory failure. The role of ANP in respiratory failure will be the subject of future studies.

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Multifocal Atrial Tachycardia

To the Editor:

Multifocal atrial tachycardia (MAT) has been described as a complication of theophylline toxicity1 as well as in those disease states mentioned by Hazard and Burnett.2 In theophylline toxicity, patient susceptibility to MAT may be due to chronic depletion of magnesium and potassium. Inseri et al3 concluded that MAT can be controlled by replacement with IV magnesium sulfate and potassium.

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