Of equal interest is the relationship between clinical course, radiographic findings and treatment with corticosteroids. Since the publication of our manuscript, there has been a flurry of interest in corticosteroid use in Pneumocystis carinii pneumonia, including recommendations for therapy with corticosteroids in addition to antimicrobials during overwhelming infection as well as at least one case report suggesting that corticosteroid therapy may result in radiographic and clinical resolution of Pneumocystis. The rapid demise of our three patients demonstrates that corticosteroid therapy alone is deleterious and may confuse the standard methods of diagnosis, including bronchoalveolar lavage, gallium scanning, chest radiography, and tests of gas exchange. Whether corticosteroids have value as an adjunct to antibiotic therapy in cases with established diagnoses is another matter.

As our experience with HIV related disease and its manifestations grows, we will undoubtedly encounter increasing numbers of patients with surprising presentations and findings. High diagnostic yields of bronchoalveolar lavage, transbronchial biopsy, and/or gallium scanning (all of which hovered around 95 percent in well defined, high-risk patients with overt manifestations of Pneumocystis pneumonia) may prove to have lower sensitivity as we encounter a broader spectrum of patients with this disease.

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REFERENCES


Anatomy of Abstracts

To the Editor:

I read with great interest the recent editorial by Dr. Alfred Soffer under the title, "Abstracts of clinical investigations. A new and standardized format." I would like to present the results of technical evaluation of 200 medical literature abstracts. Six of ten abstracts did not show clearly the conclusions and seven of ten the meaning or perspective of the study. One of three abstracts included references to the rest of the article or elements of discussion. Only five percent of the abstracts had length exceeding 200 words.

Another study which examined the abstracts of a European Congress showed that 38 percent had elements of discussion, 60 percent were substandard and 29 percent unacceptable. Only one of 247 abstracts exceeded the 200-word limit. The abstracts did not describe the material and methods, results and conclusions of the study sufficiently, but included useless elements.

The data support the contention that poorly-written abstracts are more of a problem than long abstracts. The abstract is a kind of visiting card for the personality of the authors. They should take great care in composing the abstract of their medical communication if they want it to be more appealing.

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REFERENCES


Primum Non Nocere

To the Editor:

It is with great pleasure I have read and reread Dr. Robin's article entitled "The Kingdom of The Near Dead" (Chest 1987; 92:330-34). I am a second year pediatric pulmonary fellow at Tulane and in my short career I have struggled with one of the issues raised in the article: primum non nocere. This is a difficult task when the empiric nature of medicine precludes one from reaching the truth; one must be satisfied with establishing reasonable boundaries wherein it might exist. I must confess that I despair at times of the obstacles, both within myself and without, in trying to establish (with some degree of objectivity) what the best course is for one's patients. It is so easy to lose one's patience and act . . . and err. That is why I found your article so enjoyable: anxiety is not a reason for action.

I am interested in academic pulmonary medicine and it encourages me to know that there are individuals at Dr. Robin's level in academic medicine that conserve a healthy scientific skepticism. Recently, I came across an article by V. Patrick Ober (Am J Med 1987; 82:1009-13) and I will take the liberty of quoting it because I thought he, like Dr. Robin, was trying to address the reasons for our sometimes misguided attempts to help by "desperate measures". This quote is in the context of an article reviewing the uses and abuses of laboratory tests:

"Despite the common wisdom that lighting a single candle is preferable to cursing the darkness; Silverman observed that when we find ourselves in a fireworks factory, it may be better to curse the darkness than to light the wrong candle".

How true!

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Pulmonary Cryptococcosis in AIDS

To the Editor:

We have read with interest the article by Wasser et al1 on pulmonary cryptococcosis in AIDS and would like to share our experience. Eighteen AIDS patients were diagnosed with cryptococcosis at our institution between January, 1981 and August, 1987. All had disseminated disease; however, only two had pulmonary involvement and in only one was pneumonitis the primary presentation (Table 1). All our patients had pulmonary involvement with other pathogens, notably Pneumocystis carinii, cytomegalovirus,
Table 1—Distribution of Cryptococcal Isolates in 18 AIDS Patients

<table>
<thead>
<tr>
<th>Isolate Type</th>
<th>No. of Isolates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of isolates</td>
<td>30</td>
</tr>
<tr>
<td>Cerebrospinal fluid</td>
<td>14</td>
</tr>
<tr>
<td>Blood</td>
<td>11</td>
</tr>
<tr>
<td>Lung</td>
<td>2</td>
</tr>
<tr>
<td>Bone marrow</td>
<td>1</td>
</tr>
<tr>
<td>Urine</td>
<td>1</td>
</tr>
<tr>
<td>Catheter tip/blood</td>
<td>1</td>
</tr>
</tbody>
</table>

Mycobacterium avium-intracellulare and pyogenic bacteria. All our patients were homosexual men and therefore similar to the patients described by Kovacs et al, who found primary pulmonary cryptococcosis in only one of 27 patients. Although exposure to pigeon droppings may, as proposed by the authors, result in an increased incidence of pulmonary cryptococcosis, it is difficult to understand why homosexual men would be less exposed than patients with other risk factors for AIDS. Furthermore, Eng et al. reported ten patients with AIDS and cryptococcosis disease. Eight were intravenous drug abusers and only two were homosexual men (similar to Wasser’s patients with risk factors other than homosexuality). None had pulmonary involvement (primary or secondary) with Cryptococcus neoformans.

It might also be of interest to point out that histoplasmosis is being described with increasing frequency, both from endemic and nonendemic areas, in patients with AIDS. This infection seems to present as pneumonitis (four of 12 or 33 percent of our patients) more often than cryptococcosis.

Based on these data which, in a fairly large number of patients, show that primary pulmonary cryptococcosis is extremely rare, it would be premature to conclude, as the authors have done, that this is a “frequent manifestation” of cryptococcal infection in AIDS patients.

Nancy Khordori, M.D., Faheem Butt, M.D., and Kenneth V I. Rolston, M.D., M. D. Anderson Hospital and Tumor Institute; and The Institute for Immunological Disorders, Houston

References
1. Wasser L, Talavera W. Pulmonary cryptococcosis in AIDS. Chest 1987; 92:692-95

Metastases to the Right Ventricle

To the Editor:

We have read with interest the article by Emmot et al describing a metastatic malignant melanoma to the right ventricle causing inflow and outflow tract obstruction. A prior case involving an adrenal cell carcinoma with metastases to the right ventricle has been described by our group. Our patient presented with similar clinical symptoms and physical findings. Suspicion of inflow and outflow tract obstruction of the right ventricle was documented by echocardiography and subsequent angiography. Surgical removal of the mass followed by both external beam radiotherapy and chemotherapy resulted in a three-month survival from the time of surgery.

With the increasing availability of two-dimensional and Doppler echocardiography, as well as magnetic resonance imaging (MRI) over the past several years, valuable information regarding the extent of these tumors and hemodynamic parameters can be obtained noninvasively. These two cases illustrate that metastases to the right ventricle causing significant hemodynamic compromise do occur and that a variety of imaging techniques provide useful information on the overall extent of the tumor.

Brian W Carlin, M.D., San Diego; Sinda Dianzumba, M.D., and Claude R. Joyner, M.D., Pittsburgh

References

Allergic Urticarial Eruption, Leukocytosis and Abnormal Liver Function Tests Following Nifedipine Administration

To the Editor:

Nifedipine, a potent calcium antagonist, is widely used in the treatment of hypertension and angina. We describe a case of severe urticarial allergic eruption associated with leukocytosis and abnormal liver function tests following the administration of nifedipine for hypertension.

A 59-year-old man was being treated with methyldopa and chlorothalidone for hypertension and oral theophylline and inhaled salbutamol for airways obstruction. He presented with recent onset of depression and deterioration in his airways obstruction. Methyldopa was thought to be the most likely cause of the change in affect...