Night-time Ventilation for the Treatment of Cardiorespiratory Failure in Kyphoscoliosis

To the Editor:

We wish to describe a 78-year-old woman with idiopathic kyphoscoliosis and cardiopulmonary failure. Over 15 months she deteriorated despite conventional treatment (Fig 1). She was mechanically ventilated and soon received only night time ventilation (NTV). Within two weeks, during daytime spontaneous breathing, she was normocarbic. She was discharged home but discontinued NTV after five months because she believed she no longer needed therapy. Within four months her hypercarbia and cardiopulmonary failure recurred. Following readmission, NTV was restarted and within one week daytime PaCO₂ was normal. She is independent and has remained stable on NTV at home over the past six months.

NTV offers therapy of cardiopulmonary failure which may complicate kyphoscoliosis and is efficacious, even in the elderly who no longer need daytime ventilation.

REFERENCES


Tuberculin Substituted for Terbutaline

No “Tine” for Error

To the Editor:

Administration of purified protein derivative by a variety of routes other than intradermal has been described without any apparent ill effects (personal communication, E. W. Pearson, Connaught Laboratories). We present a patient who had a nebulized aerosol of tuberculin (purified protein derivative) administered inadvertently instead of terbutaline for treatment of bronchospasm.

A 62-year-old woman with a history of congestive heart failure and chronic obstructive pulmonary disease presented to an emergency room with a chief complaint of shortness of breath. Initial evaluation found her to be in moderate respiratory distress with a respiratory rate of 35; additionally, she manifested an S3 gallop and rales at the bases of both lungs, along with signs of diminished air movement and scattered wheezing. As part of her initial therapy, 0.3 ml of tuberculin (instead of terbutaline) was inadvertently administered in 2.5 ml of saline solution via nebulizer. The patient...