No More Alphabet Soup!

To the Editor:

Although I like alphabet soup, I hate initials in journal articles. They are confusing if they are many, difficult if they are nonstandard, despairing in they are outside my specialty, and burnable if accompanied by poor English. They slow reading and discourage its completion. I will gladly pay for the extra space for "control" instead of "c", "gentamycin" instead of "g" and "diameter" instead of "diam." Don't encourage this mischief—keep the letters in the soup.

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Reexpansion Pulmonary Edema Localized to a Lobe

To the Editor:

Reexpansion pulmonary edema following drainage of pneumothorax is well known and is reported to affect the whole lung. We report the first case of reexpansion pulmonary edema localized to a lobe.

Three days before admission, a 48-year-old man presented a right-sided pleuritic chest pain. Examination and chest radiography showed a large right-sided pneumothorax with complete collapse of the right upper lobe and partial collapse of the other lobes.

An intercostal drain was inserted in the mid-axillary line and 20 cm H2O negative pressure was applied to the pleural space. Chest roentgenogram two hours following the procedure showed a complete reexpansion of the right lung. Twelve hours later, chest radiography demonstrated alveolar infiltrates strictly limited to the right upper lobe. The patient was asymptomatic and examination disclosed crackles throughout the upper lobe. The lower lobe was clear. No specific therapy was needed. Marked radiographic improvement was seen on the second day and complete resolution was noted on the third day. On day 2, the chest tube was removed. The patient was discharged on day 6 after fiberoptic bronchoscopy results were normal.

Reexpansion pulmonary edema (RPE) occurring after drainage of pneumothorax or pleurisy is a well recognized complication. RPE involves usually the whole affected lung. To our knowledge, an RPE localized to one lobe has never been reported in the literature. A variety of factors associated with the development of RPE have been described: duration of collapse over 72 hours, complete collapse, high negative intra-pleural pressure and rapid reexpansion. In our observation, RPE was localized in the right upper lobe that had been completely collapsed before pleural aspiration, and respected the other lobes that were incompletely collapsed.

Though the different lobes had the same duration of collapse and the same negative pressure was applied to them, RPE was limited to the upper lobe. Our case shows the important role of complete collapse as a risk factor for RPE. Fiberoptic bronchoscopy did not show any endobronchial obstruction that might explain the disparity of collapse of the right lung. This observation is the first documented case of RPE localized to a lobe. RPE occurred in the lobe that was completely collapsed and respected the lobes that were only partially collapsed.

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REFERENCES


Pressure-supported Breathing

To the Editor:

I read with great interest the article entitled "A Hazard of Pressure Support Ventilation" (Chest 1988; 93:333-35). In particular, the point that new ventilatory modes can yield unforeseen troubleshooting problems is very much appreciated.

However, there is one point which I believe should be addressed by the authors. The article states that, in the presence of a large leak, the pressure-supported breaths on a 7200a ventilator will not cycle from inspiration to expiration. This is certainly true, but the article leads one to believe that the pressure support level will be held on the airway indefinitely in this circumstance; this is not true. When the apnea interval set on the ventilator has elapsed without the initiation of a new inspiration, the pressure will be released and the ventilator will alarm as it goes into apnea ventilation mode. In our institution, the apnea interval is always set at 20 sec. The authors do not report what their apnea interval was, but I feel it was very likely set at 60 sec, and that this is the only reason that the phenomenon they reported lasted long enough to be observed.

Bennett, in order to get their cycling mechanism in line with