Pulmonary Artery Catheterization

To the Editor:

Dr. Spodick's editorial ("Flow-directed Pulmonary Artery Catheterization: Moratorium vs Clinical Trial," Chest 1989; 95:489-90) proposed a prospective randomized trial of the utility of Swan-Ganz catheters. I presume he believes that current data are inconclusive. However, the proposed design of the trial excludes all "emergent" cases where panel of three "experts" agree that bedside pulmonary artery catheterization is appropriate. Current controversy revolves around whether any "experts" can properly assess the indications for pulmonary artery catheterization. A definitive study designed to settle this issue would avoid the exceptions Dr. Spodick proposes.

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REFERENCES

3 Spodick DH. Analysis of flow directed pulmonary artery catheterization. JAMA 1989; 261:1946-47

Wild Boars and Pulmonary Paragonimiasis

To the Editor:

I read with interest the article by Sharma (Chest 1989; 95:670-72). Although pulmonary paragonimiasis is well known to be caused by eating raw or undercooked freshwater crabs or crayfish, it has

REFERENCES

3 Spodick DH. Analysis of flow directed pulmonary artery catheterization. JAMA 1989; 261:1946-47

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REFERENCES

3 Vaughn S, Puri VK. Cardiac output changes and continuous mixed venous saturation measurement in the critically ill. Crit Care Med 1988; 16:495
been recognized recently in Japan that man also acquires the infection by eating sliced raw flesh ("sashimi" in Japanese) of wild boars. Norimatsu and colleagues reported 136 cases of human paragonimiasis and emphasized that most of the patients did not eat freshwater crabs but ate sliced raw flesh of wild boars. Miyazaki and his associate showed that the pig and wild boar could serve as paratenic hosts of *Paragonimus westermani* experimentally and concluded that the above-mentioned outbreak of human paragonimiasis was due to the custom of inhabitants eating sliced raw flesh of wild boars.

Sharma, in an editorial in the same issue, described three questions to ask patients from overseas. I would like to add one more question: Do you love raw meat? (Or have you ever eaten anything unusual or raw?)

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REFERENCES

1 Kawane H. Diet and respiratory diseases. Nippon Iji Shimp 1962; 3054:30-34
2 Norimatsu Y, Arikawa K. Ikehata M. Pulmonary paragonimiasis. Rinsho to Kenkyu 1975; 52:1046-51

To the Editor:

Dr. Hiroshi Kawane’s comment is extremely important. Readers of *Chest*, internists and other pulmonologists should add boar meat sashimi to the list of sources of *Paragonimus westermani*.

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**Theophylline-induced Ventricular Tachycardia in a Patient with Chronic Lung Disease**

**Sensitivity to Verapamil**

To the Editor:

A 65-year-old man with chronic pulmonary emphysema was admitted for acute respiratory distress. Immediately after aggressive theophylline therapy was started for persistent bronchospasm, monomorphic ventricular tachycardia (VT) with a left bundle branch block QRS morphology appeared, following frequent ventricular premature beats (Fig). An intravenous dose of lidocaine (75 mg) failed to terminate the VT. Subsequent intravenous verapamil (3 mg) prolonged the cycle length and terminated VT following a ventricular premature beat (Fig). Plasma theophylline level was 58.0 µg/ml (therapeutic range 10 to 20 µg/ml).

Verapamil has not generally been considered effective in the management of VT with a few exceptions (ie, idopathic sustained left ventricular tachycardia). A recent report revealed that atrial tachycardia was sensitive to verapamil in a patient with theophylline therapy. Our observation showed that VT in a theophylline-toxic patient was also sensitive to verapamil. This is consistent with a previous experimental report in dogs.

According to our observation, intravenous verapamil is considered a drug of choice for theophylline-induced VT.

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REFERENCES

1 Marchinski FE, Miller JM. Atrial arrhythmias exacerbated by theophylline—response to verapamil and evidence for triggered

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**Figure.** A) Immediately after aggressive theophylline therapy, frequent ventricular premature beats appeared. B) Monomorphic ventricular tachycardia with a rate of 130 beats/min. Atrioventricular dissociation is recognized. * indicates P waves. C) Intravenous verapamil prolonged the cycle length of the VT from 480 msec to 540 msec and terminated the VT following a ventricular premature beat(•).