Communications for this section will be published as space and priorities permit. The comments should not exceed 350 words in length, with a maximum of five references; one figure or table can be printed. Exceptions may occur under particular circumstances. Contributions may include comments on articles published in this periodical, or they may be reports of unique educational character. Specific permission to publish should be cited in a covering letter or appended as a postscript.

Simultaneous Bilateral Bullectomy, Parietal Pleurectomy and Right Upper Lobectomy Via Median Sternotomy

To the Editor:

A 60-year-old asymptomatic man was admitted to the Department of Thoracic Surgery. Investigations—including x-ray, computed tomography and bronchoscopy—revealed that the patient had an upper right lobe tumor (adenocarcinoma, T3N2M0) and multiple bullae of both lungs (maximal size 4/9 of hemithorax). After complete median sternotomy, the right pleural cavity was entered and standard right upper lobectomy was carried out. Multiple bullae were then excised and parietal pleura was removed up to the diaphragm. After that, bullae and parietal pleura were removed from the left side. Two drains were inserted into the both sides. The postoperative period was uneventful and the patient was discharged on the 12th day. After six months he was doing well and x-ray examination showed no pathologic change in the thorax.

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Enzymes and Exertion

To the Editor:

Marmor et al (Chest 1988; 44:1216-20) show significant increase in CK-MB isoenzymes after exercise test in patients with ischemic heart disease (IHD), adding to the growing data on CK-MB release in absence of obvious myocardial infarction (MI). However, this concept is still controversial. Some implicate membrane dysfunction for the leak of CK-MB in exercise testing, atrial pacing and experimentally-induced transient ischemia.

Data on enzyme release in spontaneous episodes of chest pain in patients with chronic stable angina pectoris (CSA) are scanty. While studying leukocyte function during ischemia in CSA, we found increased CK-MB (17.3±3.8 U/L, control 2.58±0.52 U/L, p<0.001) in peripheral blood in five of ten patients within six to 24 h after pain, which normalised by 72 h in all except one. None had unstable angina or MI.

Simultaneously the leukocyte chemiluminescence (LCL), a measure of leukocyte activation and generation of oxygen free radicals) was elevated and showed a four-fold fall by 72 h (NS). Leukocyte aggregation was, however, unchanged in the CSA group. The LCL values correlated with CK-MB (r=0.60, p<0.05) in patients with CSA.

This suggests that episodes of transient ischemia in everyday life in patients with CSA are associated with leukocyte activation and oxygen free radical generation in some, and can possibly mediate membrane changes leading to release of intracellular enzymes like CK-MB without overt infarction. This important concept needs emphasis because it suggests that, in CSA, membrane dysfunction can occur and structural alteration in the myocardial cell is not a pre-requisite for the release of CK-MB. Of course, a larger study is indicated to confirm and further explain these changes.

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Coffee Drinking and Prevalence of Bronchial Asthma

To the Editor:

We read with interest the article by Pagano et al1 which shows, using data from the 1983 Italian National Survey (n=72,284), an inverse relation between bronchial asthma prevalence and the level of coffee intake. This result suggests that, through its bronchodilator effect, long-term moderate coffee consumption may not only reduce symptoms but also prevent the clinical manifestation of bronchial asthma. To contribute to this hypothesis, we analysed the association of coffee with prevalence of bronchial asthma and bronchial reactor status, respectively.

Throughout 1981, a large National Health survey conducted in France in a representative sample of 21,007 subjects (10,272 men and 10,735 women) gathered data on drinking habits and asthma prevalence. It was not possible to separate coffee from tea consumption, but theophylline and caffeine—both potent bronchodi-