find a difference between the treatments. Our study had a power of 80 percent to detect approximately a 20 percent difference between the groups, and we feel that any smaller difference may not be clinically important in this group of patients.

As Mr Higgins stated, any advantage from combination treatment is modest. It seems to us that in order to benefit a small number of patients, we would have to treat many unnecessarily. While not wanting to appear to be therapeutic nihilists, we are keen to establish a rational therapeutic plan for acute asthma, and we do not feel that any trial published so far justifies the wholesale treatment of every patient presenting with acute asthma with both drugs in order to provide questionable benefit for a few. Clearly, more work needs to be done, in particular to establish which subgroup of patients are likely to derive benefit from combination treatment of this sort.

Quentin Summers, M.B., B.S., and Richard Tarala, M.B., F.C.C.P.
Royal Perth Hospital, Perth, Western Australia, Australia

Metallic Weakness and Breakage of Abrams Pleural Biopsy Needle

To the Editor:

We read with interest the recent report by Fité et al of one case of pleural effusion in which breakage and detachment in the pleural cavity of the tip of a nearly new Abrams needle occurred during performance of a pleural biopsy.1 Recently, we cared for a 60-year-old man hospitalized for investigation of left pleural effusion. Chest ultrasound showed loculated pleural effusion and thickening of the parietal pleura. Thoracentesis revealed bloody effusion, samples of which showed predominance of lymphocytes and numerous red blood cells negative for malignancy. Tuberculous bacillus was not found in acid-fast stain. The study of pleural effusion was inconclusive. A pleural biopsy was done by means of an Abrams needle. When the needle was withdrawn, the tip was missing from the midportion of the window through which we took the biopsy sample (Fig 1). A chest x-ray film showed the tip of the Abrams needle lodged in the left posterior pleural cavity. Computed tomography of the chest showed pleural thickening, pulmonary consolidation, and a metallic tip within the pleural cavity (Fig 2). After four months of observation, the intrapleural foreign body has not caused any complications. A culture of pleural effusion grew Mycobacterium tuberculosis organisms six weeks later. Antituberculosis therapy has been started.

We believe that the accident reported above, resulting from detachment of the trocar tip in the pleural cavity, may be attributed to metallic failure at the window through which the biopsy is performed. Another Abrams needle used for approximately the same number of patients (approximately 40) showed angularity and evidence of breakage at the midportion of the window (Fig 1). This needle is not used for pleural biopsy any more. However, we agree with the opinion of Fité et al that such accidents could be prevented by manufacturing a one-piece trocar and reinforcing at the midportion of the window. Also, the durability of the Abrams pleural biopsy needle (ie, how many patients or how many years for a new needle could be used) should be determined.

Dun-Bing Chang, M.D.; Pin-Chyr Yang, M.D., F.C.C.P.; Li-Na Lee, M.D., F.C.C.P.; and Kuen-Tay Luh, M.D., F.C.C.P., Departments of Internal Medicine and Clinical Pathology, National Taiwan University Hospital, Taipei, Taiwan, Republic of China

Reprint requests: Dr Chang, National Taiwan University Hospital, No. 1 Chang Te Street, Taipei, Taiwan, Republic of China 10016

REFERENCE


Timing of Tracheostomy in Patients with ARDS

To the Editor:

Deciding to perform a tracheostomy on an intubated patient in the intensive care unit has always been difficult. Heffner and Zamora's article in the February issue (Chest 1990; 97:447-52) suggests that some clinical features of patients after 7 days of ARDS may be helpful in selecting patients for early tracheostomy.

Forty patients were excluded from the study because they died before the 14th day of ARDS. It would appear from the data that 40 of the 64 patients who had ARDS for at least 7 days died within 14 days. The clinical features in this group of patients should be more interesting and important than those of the other two groups since they made up the largest group of patients and were unlikely...