which maintain the tone of the vocal cords. In our patient, the cranial trauma could have produced some injury to the vagus in the brainstem nuclei or in the course through the cranial vault.

Angel López Rodríguez, M.D.,
Hospital Infanta Cristina,
Badajoz, Spain

REFERENCES
2 López A, Lorente JA, Jerez V, Julia JA. Sleep apnea, hypothyroidism and pulmonary edema. Chest 1990; 97:763-64

MR Imaging in the Diagnosis of Partial Eventration of the Diaphragm

To the Editor:

Eventration of the diaphragm is characterized by elevation of that structure. Clinically, eventration is classified into complete and partial types depending on the extent of diaphragm involvement. In the diagnosis of right diaphragmatic partial eventration, lung or liver tumors should be differentiated. It is important to show that elevation of the diaphragm is related to local bulging of the liver. This has been diagnosed with computed tomography, ultrasonography, and liver scan using technetium-99m phytate.

We encountered a case of partial eventration of the right hemidiaphragm diagnosed by magnetic resonance (MR) imaging. The patient was a 59-year-old man without significant symptoms or abnormalities in laboratory values. On a coronal T1-weighted MR image, local supradiaphragmatic bulging of the liver was clearly shown with a hepatic vessel (Fig 1). Good visualization of hepatic vessels without the use of contrast medium is one of the benefits of MR imaging. However, the muscular component of the diaphragm was not detected. Therefore, hepatic hernia could not be completely excluded.

In conclusion, MR imaging seemed to be the most diagnostic noninvasive imaging method for this disorder.

Keiji Yamashita, M.D.,
Kiyoharu Minemori, M.D.,
Hirosi Matsuda, M.D.,
Takaharu Ohishi, M.D., and
Seiichi Matsuobe, M.D.,
Shiga Health Insurance Hospital,
Shiga, Japan

REFERENCES
1 Petit L, ed. Traites des maladies chirurgicales et des operations qui leur conviennent (vol 2). Paris, France: TF Didot Jeune, 1774; 225-33

Use of Amikacin and Amoxicillin-Clavulanic Acid Against Mycobacterium tuberculosis

To the Editor:

Amikacin—to the best of my knowledge first used in Hungary for the treatment of multidrug-resistant pulmonary tuberculosis—may be combined with amoxicillin-clavulanic acid. To obtain more data about this drug combination, we performed checkerboard titration on Sula media.

We prepared twofold dilutions of amikacin from 0.8 μg/ml to 0.0125 μg/ml and of amoxicillin-clavulanic acid from 64 μg/ml to 1 μg/ml. We inoculated Sula media with bacterium suspensions grown on Lowenstein-Jensen media. The inocula contained 8 × 10⁶, 6 × 10⁶, 3 × 10⁶, 2 × 10⁶, and 0.8 × 10⁶ colony-forming units. H₃Rv, two sensitive, and two multidrug-resistant Mycobacterium tuberculosis strains were examined. We recorded the growth of the cultures weekly from the second to the sixth week.

Since we have not seen any antagonistic effect, we believe that the combination of amikacin and amoxicillin-clavulanic acid could be used in the treatment of multidrug-resistant tuberculosis.

Fodor Tamás, M.D.,
Kordányi National Institute of Tuberculosis and Pulmonology,
Budapest, Hungary

REFERENCES
1 Fodor T, Juhász E. Amikacin rezisztens gímóbaktérium törzs kialakulása emberben. Pneumonol Hung 1982; 35:231-33

Figure 1. T1-weighted coronal MR image (repetition time = 600 ms; echo time = 20 ms). Supradiaphragmatic bulging of liver (arrow) is clearly seen. Hepatic vessel (arrowhead) is running into bulging of liver. Muscular component of diaphragm cannot be seen.

328 Communications to the Editor

Downloaded From: http://journal.publications.chestnet.org/pdaccess.ashx?url=/data/journals/chest/21673/ on 04/10/2017