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To the Editor:

Lombardi and Spedini refer interesting findings concerning the small airways dysfunction (SAD) and bronchial hyperreactivity in nonsmoking patients with systemic sclerosis (SS). They report high prevalence of SAD in their patients that is different from what was reported in our study.

We would like to note a discrepancy between the reported number of patients with a reduction in MEF25 that consisted with isolated SAD and the rest of their findings. They describe five patients with normal pulmonary function. So the highest prevalence of isolated SAD that could be found is not greater than 45 percent (5/11 patients), one more patient had also restrictive pattern of abnormality. Concerning the lower frequency of SAD that we found in our patients, it is consistent with the restrictive defect or diminished diffusion capacity (or both), which is referred as the cornerstone of physiologic changes in scleroderma and also is in agreement with the findings that were reported in the majority of the related studies.

Lombardi and Spedini in contrast with our findings report SAD as an early feature of pulmonary involvement in SS, even though six of seven of their SAD patients had also either restrictive pattern of abnormality (one patient), or diffusion impairment (five patients). We think that the coexistence of these abnormalities does not justify the concept of SAD as an early feature of the disease.

We found that the performed study of bronchial hyperreactivity in their SS patients was very interesting. The lack of hyperreactivity that they report might suggest that chronic airways inflammation does not substantially contribute to the manifestation of SAD in SS patients.

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Value of Oral Hygiene Before Expectoration of Sputum for Routine Bacterial Culture

To the Editor:

It is amazing that so many studies have focused on the grading and discarding of expectorated sputa, while so few have focused on collection methods that minimize contamination of sputum by oral flora. In theory, expectorated sputa are ideal specimens because they can be obtained by noninvasive, inexpensive methods.

Table 1—Oral Hygiene vs Sputum Grade

<table>
<thead>
<tr>
<th>Collection Method</th>
<th>Good (%)</th>
<th>Not Good (%)</th>
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<tbody>
<tr>
<td>Oral hygiene</td>
<td>18a (62)</td>
<td>11 (38)</td>
</tr>
<tr>
<td>No oral hygiene</td>
<td>70b (53)</td>
<td>61 (47)</td>
</tr>
</tbody>
</table>

*Good (ie <10 squamous epithelial cells/100Xmicroscopic field; a=16 had >20 polymorphonuclear leukocytes [PMN], b=52 had >20 PMN/100Xmicroscopic field.

In practice, however, specimens often are heavily contaminated and yield ambiguous culture results. Many healthcare providers assume that removal of dentures, brushing the teeth, or rinsing the mouth with water before collection is likely to yield a better specimen. This may be a false assumption.

Between January to May 1993, 100 patients were retrospectively questioned within 24 h, about oral hygiene before collection of sputum for culture. Specimens were graded by microbiology personnel who were blinded to collection methods.

There was no significant difference (Table 1) in the proportion of good specimens from patients with and without oral hygiene (p=0.39, x2 0.05 level of significance).

It is our opinion that oral hygiene as described above, has little if any effect on the quality of sputum. We believe more studies should be performed on practical methods or agents both for decontaminating the oral cavity before expectoration. Specimen collection methods are a pertinent concern because the number of sputum cultures per year in the United States has been estimated to be 5 to 8 million.

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Foreign Body Aspiration With Mediastinal Migration and Superior Vena Cava Penetration

To the Editor:

A 37-year-old man was admitted with the complaints of intermittent chest pain and blood-streaked sputum for 2 months. Chest radiography and computed tomography showed a needle-shaped, metal density material over the right upper lung field near the mediastinum (Fig 1). A broken barbed broach was lost in his posterior pharyngeal cavity during endodontic treatment 5 months earlier. A 4-cm long, needle-like material was found intraoperatively in the mediastinum with the sharp end penetrating into the superior vena cava. It was removed smoothly and a