Delayed Perforation of the Esophagus by a Closed Thoracostomy Tube

To the Editor:

I recently read the article by Oz M. Shapira et al entitled “Delayed Perforation of the Esophagus by a Closed Thoracostomy Tube,” which appeared in the December 1993 issue of Chest.¹

The authors claimed they were reporting on a previously undocumented complication of a trocar free thoracostomy tube and further stated that they were unable to find any previous reports on perforation of a normal esophagus by thoracostomy tube.

In 1980, my colleagues and I at the University College Hospital, Ibadan, Nigeria, reported the case of a 4½-year-old child with perforation of (normal) esophagus caused by chest intubation (without trocar) for empyema thoracis. The case was reported in the Journal of the National Medical Association.² This journal is published in the United States.

I would therefore like to state that their case was not the first to be reported in the English literature as claimed by the authors.

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REFERENCES


Interpreting Peritonitis and Septic Shock Investigation Data

To the Editor:

The recent article by Desai et al¹ in the October 1993 issue of Chest concerning intramucosal \( P_{CO_2} \) measured in an animal


give us a better understanding of the disease process.


A Nearly Fatal Tracheal Obstruction Resulting From a Transtracheal Oxygen Catheter

To the Editor:

I read with interest the report by de Groot et al.¹ “A Nearly Fatal Tracheal Obstruction Resulting From a Transtracheal Oxygen Catheter,” in the November issue of Chest. The authors postulated that this complication has not been reported before with the use of the ITO2C (Johnson, Cook; Bloomington, Ind) transtracheal oxygen catheter. Their colleagues² from the Groningen University Hospital, the Netherlands, however, have previously reported in this Journal this complication using the same device.

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2. van der Werf TS, Meinesz AF, Postmus PE. Airway obstruction by a mucus ball from a transtracheal oxygen catheter. Chest 1982; 101:1730-40