try to rewrite and update the article after its original submission.
We also previously published our data in an abstract.5
We do not have a good explanation as to why the pneumothorax rate is so variable among different clinical series. We thought that our rate of 35.4% was high but there are reported rates as high as 60%. Patient and lesion selection may be at least as important as technical and operator-related factors. As an example, one clinical series using sonographic guidance had 5 of 124 patients (4.0%)6 with pneumothorax. Such a low rate may be expected in lesions capable of being imaged by ultrasound, which are usually adjacent to solid structures.

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REFERENCES

Inhaled Corticosteroids and Bone Density

To the editor:

We read with interest the article by Ip et al (Chest 1994; 105:1722-27) that appeared in the June 1994 issue of Chest, which showed that inhaled corticosteroids decreased bone mineral density. It is a topic of importance given the number of patients using inhaled steroids.

Three other cohort studies involving inhaled steroids and bone density have been performed. Wolff et al1 in his pilot study of five patients and five controls reported no overall difference in bone mineral density with use of moderate doses of inhaled corticosteroids. One patient in the treatment group, however, did develop osteoporosis. Reid et al2 investigated a group of 22 patients using inhaled steroids and documented decreased bone mass in this group. Packe et al3 also showed a decrease in bone density in 20 patients using inhaled steroids. We reviewed the data from these studies (Table 1) and determined that about one of every seven patients using inhaled steroids will have a decrease in bone mineral density of one standard deviation.

All of the above studies were small, retrospective cohort studies. A large population based study or a prospective study is needed to confirm the observation that inhaled corticosteroids decrease bone mass and may lead to higher fracture rates in these patients.

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REFERENCES

Risk of Pneumothorax and Percutaneous Needle Biopsy

To the Editor:

As clinicians interested in the care of patients and not in the trivial pursuit of nonconsequential radiologic diagnoses at patients' expenses, we are disconcerted by the title and abstract of the recent article by Anderson et al.1 In summary, they found an incidence of significant pneumothorax requiring a chest tube af-

Table 1—Effect of Inhaled Corticosteroids

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment*</th>
<th>Control</th>
<th>Absolute Risk Reduction</th>
<th>Relative Risk Reduction</th>
<th>No. Needed to Treat1</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ip et al</td>
<td>6/30 (0.20)</td>
<td>30/30</td>
<td>0.13</td>
<td>-1.9</td>
<td>7.7</td>
<td>0.02</td>
</tr>
<tr>
<td>Wolff et al1</td>
<td>1/5 (0.20)</td>
<td>0/5 (0.0)</td>
<td>0.20</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reid et al2</td>
<td>10/22 (0.45)</td>
<td>4/12 (0.33)</td>
<td>0.12</td>
<td>-0.36</td>
<td>8.3</td>
<td>0.001</td>
</tr>
<tr>
<td>Packe et al3</td>
<td>10/20 (0.50)</td>
<td>2/17 (0.12)</td>
<td>-0.38</td>
<td>-0.32</td>
<td>2.6</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

*Treatment group is the group of asthmatics using inhaled corticosteroids.
1Number needed to treat refers to the number of asthmatics taking inhaled steroids that would be required before one would have a standard deviation decrease in bone mineral density.
1NS=not significant.