**Thrombolysis and the Elderly**

*To the Editor:*

Most early trials of thrombolytic therapy either excluded or underrepresented patients over 75 years of age. Since the ISIS-2 trial demonstrated that patients over the age of 70 benefited from thrombolytic therapy, subsequent major thrombolytic trials (GISSI-2,2 ISI3-3,4 and GUSTO4) have not excluded patients based on age. Nonetheless, over a fifth of patients with acute myocardial infarction do not receive thrombolytic therapy because of advanced age.5 The oldest reported recipients of thrombolysis are in the 75 and over age group according to a Medline search from 1966 to 1995, without the exact ages of the index patients being reported. Physicians continue to be apprehensive in administering thrombolysis to the elderly. In order to dispel the notion of age being a contraindication to thrombolysis, we describe the oldest reported recipient of thrombolytic therapy.

A 98-year-old generally healthy Israeli man was admitted to the hospital complaining of left-sided chest pressure and diaphoresis of 3-h duration. An ECG revealed normal sinus rhythm with 5 mm ST elevation in leads V1 through V4, pathologic Q waves in leads V1 through V3, poor R-wave progression, and reciprocal ST depression in leads II, III, and a unipolar limb lead on the left leg in an ECG. The patient received 1.5 MIU of IV streptokinase, 250 mg of aspirin, IV heparin and nitroglycerin, and 10 mg of oral pranopanol. The patient's chest pressure resolved within minutes after streptokinase treatment was completed with the return of ST elevation toward the baseline. The creatine phosphokinase enzyme peaked at 824 (upper limit of normal being 110) with an myocardial band fraction of

**REFERENCES**


**Not All Pulmonary Embolism Tests Survive Utilization**

*To the Editor:*

I was amused to read Dr. Robin’s account (CHEST 1995; 107:3-4) of the “Robin test” for pulmonary embolism, which he introduced and then attempted, with difficulty, to discourage, namely the A-a CO2 tension difference. I thought your readers might be interested in some other tests for pulmonary embolism, which, despite initial enthusiasm, didn’t go the distance: (1) the “diagnostic triad” of elevated lactate dehydrogenase, normal serum glutamate oxaloacetate transaminase and elevated bilirubin,1 (2) a normal PaO2 as a method of excluding pulmonary embolism,2 (3) serial measurements of lung volume, peak flow, and steady state diffusing capacity,3 (4) fibrin split products,4 (5) fibrin related antigen,5 and (6) plasma DNA6 One could also probably include perfusion scintigraphy, which used in isolation is far less specific than the early reports suggest.

All these methods worked remarkably well in the first 50 or so patients and were published in a very impressive array of prestigious journals. I think there must be a moral lurking there somewhere.

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