erative day 10. The patient returned to the clinic weekly and at her last visit (8 weeks postsurgery) she was no longer oxygen-dependent at rest or with exercise. Her FEV1 was 1,000 mL. Her PaCO2 was 47 mm Hg and she felt significantly less dyspneic.

Although these results (Table 1) are from a single patient, it is clear that volume reduction surgery can work for patients with severe impairment, disability, and handicap. We have not categorically deprived patients the opportunity to participate in our program on the basis of a single physiologic parameter (either FEV1 or PaCO2). We believe it is unwise to do so until we understand their significance in context of the proposed surgery.

**REFERENCES**


### Consider Anti-CMV Therapy

**To the Editor:**

We are writing in response to the editorial by Hyland and colleagues (*CHEST* 1995; 107:595-97) regarding the influence of simultaneous cytomegalovirus (CMV) infection on the outcome of *Pneumocystis carinii* pneumonia (PCP).1 Pathology records at St Paul’s Hospital were computerized in 1992. We have therefore searched the computerized pathology database from July 1, 1992, to May 5, 1995, and have found that CMV inclusions were present in 5 of 208 patients with PCP (2.4%) who underwent bronchoscopy. CMV cultures were not routinely performed, as positive cultures were not thought to be of clinical significance in the absence of inclusion bodies.2,3

Of these five patients, only one died from the pneumonia without CMV treatment, having had corticosteroid treatment. This patient had very advanced disease, with Kaposi’s sarcoma, cryptospo-

### Table 1—Pulmonary Function Evaluation of 67-Year-Old Woman

<table>
<thead>
<tr>
<th></th>
<th>FEV1 (%)</th>
<th>VC (%)</th>
<th>TLC (%)</th>
<th>RV (%)</th>
<th>Exercise, kpm</th>
<th>6-Min Walk, ft</th>
<th>Pco2, mm Hg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postrehab</td>
<td>0.45 (17)</td>
<td>0.69 (20)</td>
<td>7.2 (1.31)</td>
<td>5.23 (251)</td>
<td>400</td>
<td>495</td>
<td>65</td>
</tr>
<tr>
<td>2-mo postop</td>
<td>1.04 (40)</td>
<td>2.45 (73)</td>
<td>5.09 (94)</td>
<td>2.64 (125)</td>
<td>600</td>
<td>919</td>
<td>53</td>
</tr>
</tbody>
</table>

**REFERENCES**


2 Martin RJ, Ciccutto LC, Ballard RD. Factors related to the nocturnal worsening of asthma. Am Rev Respir Dis 1990; 141:33-8

