Do Not Forget the Pathologist and the Cytologist

To the Editor:

I do not agree with any generalization of the results in Dr. Chechani’s paper on the increase in diagnostic success during fiberoptic bronchoscopy when combining different diagnostic procedures. The editorial comment by Dr. Kamholz emphasizes the enhanced diagnostic yield when using the transbronchial needle aspiration. Drs. Kamholz and Chechani did not consider the expertise of the pathologist and cytologist who did the “final and decisive” part of their jobs. Because the diagnostic success of any fiberoptic invasive procedure strongly depends on the skill of the pathologist and/or cytologist, this final step in making the right diagnosis must not be forgotten or underestimated. Studies such as the one published by Dr. Chechani cannot be extrapolated to the general diagnostic properties of the sampling procedures performed. The message of his study is only valid for Roswell, New Mexico. I have had the opportunity of working with different pathologists and cytologists, and thus, I had to learn how far the diagnostic yield of the different sampling methods depended on the skill of the individual pathologist and/or cytologist. Changing the cytologist has led to a tremendous increase in the percentage of lung lesions diagnosed correctly by brushing, without any change in the applied method. Choosing the right pathologist and cytologist for analyzing lung tissue is a major step in optimizing and enhancing the diagnostic yield of any invasive bronchoscopic procedure.

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Selecting Decontamination of the Digestive Tract

Consider Cross-infection of Staphylococcus aureus?

To the Editor:

Quinio et al studied selective decontamination of the digestive tract (SDD) in 148 trauma patients. The incidence of ventilator-associated pneumonia in the placebo group was 51% for a mean duration of mechanical ventilation of approximately 9 days. They