Communications for this section will be published as space and priorities permit. The comments should not exceed 350 words in length, with a maximum of five references; one figure or table can be printed. Exceptions may occur under particular circumstances. Contributions may include comments on articles published in this periodical, or they may be reports of unique educational character. Please include a cover letter with a complete list of authors (including full first and last names and highest degree), corresponding author’s address, phone number, fax number, and e-mail address (if applicable). Specific permission to publish should be cited in the cover letter or appended as a postscript. CHEST reserves the right to edit letters for length and clarity.

Legionella Species Community-Acquired Pneumonia

To the Editor:

The work of Lieberman et al in the May 1996 issue reporting their experience with 56 adult cases of Legionella pneumonia makes an important contribution to our understanding of this illness. Several of the conclusions from this article are worth emphasizing for physicians caring for patients with acute community-acquired pneumonia. The findings raise some interesting questions that the authors have left unanswered.

The authors highlight the broad variation of illness that occurs in patients infected with Legionella species ranging from mild illness, in which some patients recovered without macrolide therapy, to more severe illness in three patients who died. Their findings demonstrate that this infection can occur in healthy patients as well as in patients with comorbid disease or immunosuppression. As previous authors have emphasized, the clinical, laboratory, and radiographic findings lack specificity for the diagnosis of Legionella pneumonia. Finally, and perhaps most importantly, the authors highlight the importance of erythromycin in the treatment of suspected Legionella pneumonia. In the study by Lieberman et al, all three deaths occurred in patients who did not receive erythromycin therapy.

Of interest is that nine patients who were not treated with erythromycin recovered. This finding is not completely surprising given the broad range of clinical illness caused by Legionella species. The authors could expand our understanding of Legionella pneumonia by providing specific information about the species that were responsible for infection in untreated survivors. It might be suspected that species other than Legionella pneumophila species would be encountered more frequently in this group.

Overall, the contribution by Lieberman et al serves to reinforce established guidelines for the treatment of community-acquired pneumonia which state that erythromycin must be added to empiric antimicrobial therapy when Legionella species are considered. Treating physicians must also be reminded that Legionella pneumonia has few features with specificity for the diagnosis. Thus, when patients are severely ill at presentation or have nonspecific features, erythromycin should be given.

Gregory C. Kane, MD
Jefferson Medical College
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REFERENCES


To the Editor:

We thank Dr. Kane for his letter relating to our article. In answer to his question regarding the Legionella species identified in the survivors who were not treated with erythromycin and nevertheless recovered, the frequency distribution of the various species among these patients was as follows: *L. pneumophila* serogroup 1 in six patients, *Legionella micdadei* in two patients, and *Legionella dumoffii* in one patient. Although a third of these patients were infected with Legionella species other than *L. pneumophila*, the other two thirds who were infected with *L. pneumophila* also had full recoveries without treatment with erythromycin or any other antibiotic medication known to be effective in the treatment of this pathogen.

The other comments in Dr. Kane’s letter are in agreement with our findings and conclusions, and we accept them without qualification.

David Lieberman, MD
Beer-Sheva, Israel

That’s No Lady, Revisited

To the Editor:

Perhaps the author of a recent letter (May 1996) will condescend to explain why, by questioning her legitimacy, he has taken it upon himself to besmirch not only the good character and reputation of Lady Windemere (now dead, alas!), but her sisters as well. By the sworn affidavits of Michael O’Flanagan, Esq., of the Five Points, and Mr. Kit Burns and Mr. John Allen, of Water Street, it is established that the aforesaid lady was never convicted of perjury by 34 witnesses in Wakawak, Cochín China, in 1863, the intent of which perjury was to rob a poor native widow and her helpless family of a meager plantain patch, their only stay and support in their bereavement and their desolation. A muddy undercurrent, riling the depths of my happiness, arises when I read that the author summarily dismisses the true and evident cause of the distress of this lady and her sisters, all of whom undeservedly suffered from pulmonary disease due to...