(SVC) obstruction secondary to mediastinal lymphadenopathy in a patient with cystic fibrosis. We have previously reported benign causes of the syndrome.2,3 The most common benign causes are fibrosing mediastinitis, mediastinal granuloma, or mediastinal lymphadenopathy from a host of infectious etiologies. Table 1 classifies the various causes of benign SVC compression syndrome previously reported in the English-language literature.

Benign SVC syndrome as a complication of reactive mediasti-
nal lymphadenopathy in a patient with cystic fibrosis can now be added to the list of known causes.

C. Vaughn Strimlan, MD, FCCP
University of Pittsburgh Medical Center/South Side

REFERENCES

Foreign Body Aspiration Into the Lower Airways May Not Be Unusual in Older Adults

To the Editor:

We read with great interest the article by Chen and coworkers (July 1997) concerning foreign body aspiration into the lower airways in adults. Although foreign body aspiration into the lower airways is less common in adults than in children (as stated by the authors), silent aspiration is very common and plays an important role in pathogenesis of pneumonia in elderly patients.2-3 Because the mean age of subjects enrolled in the Chen et al study was 60.5 years and the oldest patient was 80 years old,1 the results from that study might be influenced by age-related impairment of swallowing reflex.4-5 Therefore, the different results between Asian and Western adults showing the nature of foreign body aspiration were not solely due to race and table customs, but also to the effect of aging on swallowing reflex.

It has been recognized that swallowing disorder and aspiration are very common in elderly subjects.4-5 We have recently demonstrated that recurrent silent aspiration causes a chronic inflammation of bronchioles accompanying the reaction to a foreign body.6 Interestingly, the patients with diffuse aspiration bronchiolitis mostly demonstrated signs of bronchorrea, bronchospasm, and dyspnea in cases of food intake. Although the authors concluded that the initial clues to foreign body aspiration in adults were usually obscure and indirect, these signs, including bronchospasm and dyspnea during and following a meal, may be important clues to foreign body aspiration into the lower airways in older subjects.

We do agree with the recommendation by Chen et al of flexible fiberoptic bronchoscopy as the first-line approach for the detection of foreign body aspiration into the lower airways. There is no doubt that their data are important for the understanding of the pathological process of foreign body aspiration. However, further comparative study between younger adults (≤60 years old) and elderly patients (≥65 years old) about features of foreign body aspiration into the lower airways should prove interesting.

Shinji Teramoto, MD, FCCP
Takeshi Matsuse, MD
Yasuoshi Onchi, MD
Department of Geriatrics
Tokyo University Hospital
Tokyo, Japan

Reprint requests: Shinji Teramoto, MD, FCCP, Dept of Geriatrics, Tokyo University Hospital, 7-3-1 Hongo Bunkyo-Ku, Tokyo 113-8555, Japan

Table 1—Reported Causes of Benign Superior Vena Cava Compression Syndrome*

<table>
<thead>
<tr>
<th>Category</th>
<th>Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mediastinitis</td>
<td>Tuberculosis, Histoplasmosis, Actinomycosis, Syphils, Pyogenic, Postradiation, Idiopathic, Filariasis, Nocardia asteroides</td>
</tr>
<tr>
<td>Mediastinal tumors</td>
<td>Cystic hygroma, Substernal thyroid goiter, Benign teratoma, Dermoid cyst, “Benign” mediastinal thymoma, Bronchogenic cyst</td>
</tr>
<tr>
<td>Vascular</td>
<td>Aortic aneurysm, Arteriovenous fistula, Vasculitis, Congenital superior vena cava aneurysm, Bilateral superior vena cava with thrombosis, Idiopathic thrombophlebitis with thrombosis, Thrombosis accompanying polycythemia, Infected superior vena cava thrombus</td>
</tr>
<tr>
<td>Cardiac</td>
<td>Atrial myxoma, Intrapericardial band, Pericarditis, Mitral stenosis, Surgical bypass in congenital heart disease, Complication of ventriculoatrial shunt, Complication of transvenous cardiac pacemaker, Complication of Swan-Ganz catheterization, Complication of central venous catheterization, Complication of Hickman-Broviac catheterization, Complication of LeVeen shunting, Cardiac surgery/tamponade</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>Mediastinal emphysema, Pneumothorax</td>
</tr>
<tr>
<td>Traumatic</td>
<td>Mediastinal hematoma</td>
</tr>
<tr>
<td>Other causes</td>
<td>Behçet’s syndrome, Retroperitoneal fluid, Bilateral clavicular osteomyelitis, Silicosis, Sarcoidosis</td>
</tr>
</tbody>
</table>

*Modified with permission from Mahajan et al.2

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