Communications to the Editor

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The review by Hayden et al concluded that no studies of bronchodilator responsiveness testing during raised volume forced expiration in recurrently wheezing infants have been previously reported. We were also able to see this breathing bag sign in our patient and were tempted to describe it in the same way as Rampaul and colleagues.1 However, we described in 1996 a preexisting undiagnosed esophagobronchial fistula.3

The “Breathing-Bag” Sign in the Diagnosis of Tracheoesophageal Fistula in Patients Receiving Mechanical Ventilation

To the Editor:

We have read with interest the excellent letter of Dr. Rampaul and colleagues (CHEST; July 1999) regarding the “breathing bag” sign in the early diagnosis of tracheoesophageal fistula (TEF) in patients receiving positive pressure ventilation. The phasic inflation and deflation of the nasogastric bag with respiratory excursions is reported by them as not previously described.1

In our experience, we described in 1996 a preexisting undiagnosed TEF in an acute respiratory failure patient that was discovered at the moment of starting positive pressure ventilation.2 Only a few cases of asymptomatic TEF presenting immediately for the first time in patients receiving positive pressure ventilation have been previously reported during surgical general anesthesia,3,4 but not among adult ICU patients. We were also able to see this breathing bag sign in our patient and were tempted to describe it in the same way as Rampaul and colleagues.1 However, we found in one of these previous reports that Dakaraju and colleagues in 1974 had already described how “the polythene bag, which had been placed over the end of the nasogastric tube, ballooned out each time the lungs were inflated” in a 20-year-old woman receiving mechanical ventilation with a previously undiagnosed esophagobronchial fistula.3

However, some relevant issues are not addressed in the discussion. Higher FEFs at 25% of the remaining VT may be due to factors such as shifts in the inflation level of functional residual capacity (FRC) or to changes in VT itself. These changes may be induced by drugs but also may be induced by altered sleeping patterns. The review by Hayden et al concluded that no studies of bronchodilator responsiveness testing during raised volume forced expiration in recurrently wheezing infants have been previously reported. We were also able to see this breathing bag sign in our patient and were tempted to describe it in the same way as Rampaul and colleagues.1 However, we found in one of these previous reports that Dakaraju and colleagues in 1974 had already described how “the polythene bag, which had been placed over the end of the nasogastric tube, ballooned out each time the lungs were inflated” in a 20-year-old woman receiving mechanical ventilation with a previously undiagnosed esophagobronchial fistula.3

Figure 1. VmaxFRC in 39 wheezy infants before and after administration of 250 μg inhaled terbutaline via a spacer. ○ = asthma; ● = other wheezing disorders. * = p < 0.02 (paired t test).

REFERENCES