counted as leukocytes. Likewise, various microorganisms in blood or cerebrospinal fluids have been misidentified as leukocytes by the Coulter method. 6,7

Once injected intrapleurally, some of the talc particles will remain in the pleural space for a variable length of time. These residual particles will frequently be mixed with the induced pleural fluid. Investigators should beware that in experimental settings involving the use of talc, total cell counts in body fluids measured with Coulter counter may be falsely elevated. Other methods, e.g., a hemacytometer, should be used.

Y. C. Gary Lee, MBChB
Kirk B. Lane, PhD
Richard W. Light, MD, FCCP
Saint Thomas Hospital and Vanderbilt University
Nashville, TN

Correspondence to: Richard W. Light, MD, Pulmonary Medicine, Saint Thomas Hospital, 4220 Harding Rd, Nashville, TN 37202; e-mail: rlight98@yahoo.com

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Tacholiquine Inhalation and Aspirin-Induced Asthma

To the Editor:

Aspirin-induced asthma is exacerbated by some kinds of food and drug additives that are frequently included in the drugs used for the treatment of asthma, such as injected glucocorticosteroids.

Recently, we experienced a case of aspirin-induced asthma case with symptoms exacerbated by tacholiquine inhalation. A 69-year-old man visited our hospital for the treatment of asthma. He had experienced a severe asthma attack after an intake of diclofenac sodium. Aspirin-induced asthma was diagnosed using a sulpyrine inhalation test. The patient had been inhaling a mixed solution of salbutamol, tyloxapol, and tacholiquine regularly. One day in October 1997, when he inhaled a solution of tyloxapol and tacholiquine, coughs and wheeze occurred 30 min after the inhalation. Inhalation provocation with tacholiquine was performed after informed consent was obtained. An inhalation of 25% tacholiquine provoked a 20% decrease in FEV1 from the post saline solution inhalation value 30 min later (Fig 1). Tacholiquine inhalation did not cause bronchoconstriction in six other patients with moderate-to-severe asthma without aspirin sensitivity. Tacholiquine contains paraben as an additive, which might cause bronchoconstriction in this case.

Paraben has been used since the 1930s as a bacteriostatic agent added in many drugs, foods, and cosmetics.8 It is well recognized that some patients with aspirin-induced asthma have hypersensitivity to paraben.8

Aerosolized tacholiquine is often used as a mucolytic agent for the treatment of chronic lung diseases, including asthma. Careful use is necessary in treating asthmatic patients because nearly 10% of patients with asthma have aspirin-induced asthma.

Miki Abo, MD
Masaki Fujimura, MD, FCCP
Kanazawa University School of Medicine
Kanazawa, Japan

Correspondence to: Masaki Fujimura, MD, FCCP, The Third Department of Internal Medicine, Kanazawa University, School of Medicine, 13-1 Takara-machi, Kanazawa 920-8641, Japan

REFERENCES

Bronchoscopy via Continuous Positive Airway Pressure for Patients With Respiratory Failure

To the Editor:

Bronchoscopy during noninvasive ventilation of patients with poor gas exchange was described by Antonelli et al (September 1996),1 whose technique overcame the need for intubation and prevented hypoxia and hypercapnea. Antonelli et al1 used a Bard full face mask, attached via a T-seal adaptor and biological filter to a Servo 900C ventilator (Siemens-Elema; Solna, Sweden) to provide pressure support (PS) of 17 cm H2O over continuous positive airway pressure (CPAP) of 4 cm H2O. Delivery of some PS is desirable for the following reasons: to overcome the increased work of breathing caused by the increased airway...
Prosthetic Reconstruction of the Resected Diaphragm

The Way To Go

To the Editor:

We read with much interest the article by Menezes and colleagues in CHEST (May 2000), regarding the functional outcome of primary as opposed to prosthetic (polytetrafluoroethylene) reconstruction of the diaphragm. Their conclusion is that, "...at least from a mechanical standpoint..." prosthetic reconstruction is to be preferred to the primary closure of large diaphragmatic defects. In our recent, retrospective, bi-institutional review of 15 patients having undergone resection of the diaphragm involved by primary lung cancer, we have proved that extended resections along with the prosthetic replacement of the resected diaphragm may portend a better long-term prognosis.

We, as thoracic surgeons, have wondered what the functional outcome of a prosthetic reconstruction of the diaphragm could possibly be. Menezes and coworkers should be commended on providing us with the answer. Both under an oncologic and functional point of view, prosthetic (polytetrafluoroethylene) reconstruction of the diaphragm is the method of choice when large diaphragmatic defects need to be repaired.

Gaetano Rocco, MD, FCCP
University of Sheffield
Sheffield, United Kingdom
Erino A. Rendina, MD
University La Sapienza
Rome, Italy

Correspondence to: Gaetano Rocco, MD, FCCP, Department of Cardiothoracic Surgery, Northern General Hospital, Herries Rd, S5 7AU Sheffield, UK

REFERENCES


Intrapleural Administration of Diluted Fibrin Glue for Intractable Pneumothorax

To the Editor:

I read with interest the observations (March 2000) of Kinoshita et al, who used intrapleural diluted fibrin glue for intractable pneumothorax.