strongly suggest that the Far East should be included among the specific geographic distribution of patients with cardiac thrombus in Behcet disease.

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Metastatic Lung Cancer Without Regional Lymph Node Swelling

To the Editor:

In order to better understand the etiology of distant metastasis with no regional lymph node swelling, a review of 891 patients with lung cancer who were admitted to our hospital from 1983 to 2000 has been undertaken. TNM staging1 was performed by chest CT, abdominal CT, head CT, or brain MRI scans, and bone scintigraphy. Clinical stage N0 was defined when neither mediastinal nor hilar lymph node measured > 1.0 cm in diameter as detected on enhanced chest CT scan.2 Thirty-one patients (3.5%) had distant metastasis with no regional lymph node swelling at the time of diagnosis. Histology included 26 adenocarcinomas (83.9%), 2 squamous cell carcinomas, 2 large cell carcinomas, and 1 small cell carcinoma. Twenty-three patients had good performance status (performance status of 0 to 1). The size of the primary lesion was not necessarily large (30 mm; nine patients). In 21 patients, metastases were confined in only one organ. The most common organs were lung, bone, and brain. Silent metastasis detected only by the imaging procedures was found in 21 patients. All these metastases detected by imaging procedures were confirmed as true-positive by following their clinical courses.

CT scan has been important and useful for evaluation of hilar and mediastinal lymph nodes in lung cancer patients. However, the reliability of diagnostic criteria for node metastasis by node size on CT scan remains controversial.3 It has been known that nonmalignant nodes may be enlarged because of reactive hyperplasia or obstructive pneumonia in squamous cell carcinoma.4 On the other hand, metastatic nodes may appear normal in size if the

FIGURE 1. Enhanced helical CT showed thrombus of the right-sided heart (top) and right pulmonary artery (middle). Bottom: Scintigraphy showed abnormal accumulations in accordance with findings on helical CT.
metastasis is microscopic, especially in adenocarcinoma. Our results suggest that a certain type of lung adenocarcinoma develops distant metastasis with no regional lymph node swelling, and such hematogenous distant metastasis may not necessarily be associated with size of primary lesion. Although a small percentage of N0 patients had distant metastasis, two thirds of them were silent. Considering the appropriate treatment for these patients, for patients with lung adenocarcinoma we do recommend full staging procedures using imaging studies even if they do not show any symptoms.

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Our Antismoking Campaign

To the Editor:

It was in San Francisco at Chest 2000 where I heard Ann Woolcock speak on the campaign against smoking. Despite decades of effort and great expense, the campaign is apparently not doing well. She sounded forlorn and quite pessimistic. Instead of being brought under control, the tobacco habit is in fact getting worse. What with the pernicious message of tobacco being pushed onto “soft” targets such as women, children, and the Third World, the outlook globally is gloomy. Dr. Woolcock did not forget to gently chide us “respirologists” for not measuring up to the challenge of tobacco.

On past experience, I cannot help some personal introspection. I was just out of school when I smoked my first cigarette, although it was later that I became a regular smoker. Why did I start smoking? The answer is a mixture of curiosity, the thrill of stepping into the unknown, and a perception that by smoking one has grown up and “arrived.” There was subtle pressure on us to conform and to follow the accepted pattern of adult behavior that included smoking. This happened to some 60% of us, and we fell in line. Only one fourth of our peers were of sterner stuff and would not be pushed. But for the majority, the die was cast. A creeping habit was taking hold, and the habit became a compulsion and then an addiction. As an addiction, it is pure and simple; never mind the euphemisms, such as habit-forming, dependence, and the like. For most of us, the first experience was unpleasant: cough, choking, and burning, plus a sense of guilt. Yet, we soldiered on and were trapped. I tried kicking the habit not once but many times. I failed repeatedly for 40 long years. Every failed effort brought on painful despondency, and each failure was followed by accelerated and worsened smoking. The antismoking campaign has been in operation for decades. It has evolved in two stages. The first stage is comprised of dissemination of information regarding health hazards of smoking, and the second step was the follow-up of the first stage. Awareness generation through positive propaganda has been well done. This has been a success, and no one can say they are unaware of the dangers of smoking. But real success lies in translating this information gain into fruitful behavioral change in the form of tobacco abstinence. This has not come about, and we must own up to our responsibility for the failure.

Future Direction

We have a duty to perform in evolving and nurturing a tobacco-free society. We must do some soul searching on the adequacy and efficacy of our efforts to date. If it is time to take corrective action, we must not hesitate to redraw our strategy.

Smoking is not a minor evil. It should not be considered an irritating nigglet that resists to go away. It must be seen and recognized for what it really is: a major debilitating pandemic and a slowly evolving man-made ecological disaster. A global debate is needed, and we should make changes in the antitobacco campaign so that a new thrust and direction is given to our fight. I put forward a few suggestions for consideration and debate.

Dealing With the Young

We took a parental line when dealing with the young. Genuine concern drove us to warn them about what may befall them as a result of smoking. But the youth of the world do not like to be frightened into changing their habits. They are not impressed because our prognostications do not carry any immediacy and also because they sound sanctimonious. They are the “now” generation, and the “name of the game” in their language is defiance and taking risks in the face of danger. They may balk at warnings, but they welcome clean habits and health-promoting physical activities. A shift of emphasis from dangerous results to clean living might help. We should try to create the general perception that smokers have unclean habits, they pollute the atmosphere, and therefore they are not welcome to population groups that are clean and elegant, a perception that they often have of themselves.

Central and state governments in India have recently moved to create more and more smoking-free areas in public places. It is heartening that the judiciary lent its considerable weight and prestige in this matter. The judiciary/executive concurrence is a significant gain, and we should try to universalize this confluence of intentions.

On Passive Smoking

The recognition of passive smoking as a major health hazard has surprisingly come only recently. This danger to health has been grossly underplayed to us. This needs correction by