What Is A Spontaneous Pneumothorax?

To the Editor:

In their report on tracheal injury caused by paraquat, Ruiz-Bailén and colleagues stated, in the “Abstract,” that the patient presented with acute respiratory insufficiency and a spontaneous pneumothorax. In the “Discussion” section they wrote again that “very rarely, spontaneous (!) extraalveolar air appears . . .” etc.

What does spontaneous mean? According to Webster’s New Universal Unabridged Dictionary (definition 1), spontaneous means “coming or resulting from a natural impulse or tendency.” Dorland’s Medical Dictionary defines spontaneous as “occurring without external influence.”

In the reported case, the pneumothorax caused by ingestion of paraquat was anything but spontaneous, and by referring to it as such, the authors did not really mean it. Medical terminology is precise, and a pneumothorax was anything but spontaneous, and by referring to it as such, the authors did not really mean it.

Medical terminology is precise, and a spontaneous pneumothorax is defined as that which occurs without previous trauma or other evident cause. It can be categorized as primary or secondary according to the existence or not of a previous initial lesion of the lung parenchyma.

Our patient arrived at the emergency department with a pneumothorax of unknown origin and with no known history of lung disease, so that he initially received a diagnosis of primary spontaneous pneumothorax. Nevertheless, if the origin of the pneumothorax was not the tracheal lesion alone, but also a subsequent ARDS induced by paraquat poisoning, we could describe it as a secondary spontaneous pneumothorax, considering it to be induced by the acute lung injury, with the possible formation of subpleural bullae followed by rupture. Moreover, the appearance of spontaneous pneumothorax has been previously reported as a form of presentation of paraquat poisoning and explained by the resulting lung injury.

For these reasons, the assertion that a pneumothorax induced by paraquat poisoning cannot be described as spontaneous seems, at the very least, controversial.

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REFERENCES

MIASMA

Asthma Exacerbation Reduction With Salmeterol

To the Editor:

We read with interest Dr. Sears’ editorial (May 2001) on the deleterious effects of β2-agonists. We were pleased to see the subheadings “short-acting and long-acting agents differ,” but still had a few comments about the text that we wished to make.

Dr. Sears states that our meta-analysis of increased dose of inhaled steroid or addition of salmeterol in symptomatic asthma (MIASMA) work did not show a “substantive reduction of