vessels should undergo contrast-enhanced CT to rule out the occurrence of mediastinal hematoma, which might be life-threatening mainly when subsequent to aortic injury.

Luigi Lazzari Agli, MD
Rocco Trisolini, MD
Marcellino Burzi, MD
Marco Patelli, MD, FCCP
Maggiore Hospital
Bologna, Italy

correspondence to: Marco Patelli, MD, FCCP, Department of Thoracic Diseases, Maggiore Hospital, Largo Nigrisoli 2, 40133 Bologna, Italy; e-mail: marco.patelli@ausl.bologna.it

references

Medical Literature Implies Continuous Positive Airway Pressure Might Be Appropriate Treatment for Irritable Bowel Syndrome

to the Editor:

The unknown cause of irritable bowel syndrome (IBS) limits patients to symptomatic treatment. However, information distributed throughout the medical literature does suggest a possible nonsymptomatic treatment for IBS. Articles1,2 that investigated the relationship between sleep disturbances and IBS reported an association of the two disorders. Altered bowel habits were statistically found to be, both temporally and unilaterally, secondary to sleep disturbances, thus implying sleep disturbance treatment might successfully treat IBS.

Of the six control subjects and six IBS patients who underwent sleep studies, observation of sleep apnea was limited to three patients.2 "In gut disorders, as in other unrelated conditions, the study of sleep apnea may provide important clues."2

Effective treatment of a digestive disorder with a sleep-disorder treatment, while unusual, is not without precedence. Gastroesophageal reflux was successfully treated by utilizing continuous positive airway pressure (CPAP), a treatment for obstructive sleep apnea.3 Although this group postulated a mechanism involved in this treatment of reflux, a subsequent article4 by these researchers withdrew the postulate but not the report of CPAP eliminating reflux. A recent letter to CHEST (September 2001)5 describes a mechanism by which the common characteristic of upper airway resistance syndrome and OSA, violent diaphragm action during respiratory events, can cause gastroesophageal reflux.

The concept of a single factor underlying comorbid disorders is surmised in an article6 studying the prevalence of IBS, reflux, and bronchial hyperresponsiveness. Those disorders were comorbid three times more often than expected:

One possible explanation is that the gastrointestinal and respiratory symptoms in our subjects are caused by a common (but as yet unidentified) underlying disorder, capable of producing symptoms in more than one physiological system and resulting in an indirect association between seemingly disparate conditions.6

Despite their inferior quality of life, IBS patients probably would be reluctant to participate in clinical tests of CPAP as a treatment for IBS due to its perceived inapplicability. However, the use of a typical screening questionnaire for sleep disorders and/or a sleep study may convince the patient of its applicability. Although CPAP will reduce symptoms, a positive pressure device that automatically adjusts to its perception of the patient’s needs will increase compliance and consequently improve treatment.

Joseph R. Herr, MS
Alamo, CA

correspondence to: Joseph R. Herr, MS, 2109 Granite Dr, Alamo, CA 94507-1602; e-mail: lotsaowoks@earthlink.net

references
5. Herr JR. A possible pathologic link between chronic cough and sleep apnea syndrome through gastroesophageal reflux disease in older people [letter]. Chest 2001; 120:1036–1037