Clarification of Salmeterol Studies

To the Editor:

In a letter to the editor (June 2002), Dr. Virchow questioned whether data from a recent article (August 2001) were included in another published study. As authors of the referenced studies, we would like to confirm that the studies described were two separate studies, and data were not included from either study in the analysis of the other. In fact, the studies were conducted using different devices. The study by Nelson et al used the combination fluticasone/salmeterol dry powder inhaler, whereas the study by Fish et al used salmeterol powder as add-on therapy to the patients’ current inhaled steroid therapy.

Dr. Virchow also questions the entry requirement of >12% reversibility in FEV₁ with albuterol. A requirement for >12%, or sometimes >15%, reversibility is the standard in clinical asthma trials in the United States and has been required for participation in studies of inhaled corticosteroids and leukotriene pathway-modifying agents as well as for bronchodilators. In fact, such an inclusion criteria was incorporated into a study conducted and reported by Dr. Virchow himself. Additionally, the demonstration of >12% reversibility is part of the definition of asthma, per the American Thoracic Society.

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REFERENCES
1 Virchow JC. Salmeterol powder provides significantly better benefit than montelukast in asthmatic patients receiving concomitant therapy [letter]. Chest 2002; 121:2083–2084
2 Fish JE, Israel E, Murray JJ, et al. Salmeterol powder provides significantly better benefit than montelukast in asthmatic patients receiving concomitant inhaled corticosteroid therapy. Chest 2001; 120:423–430

The Best Shot

To the Editor:

An 8-year-old child was merrily singing with his fellow choir members in the summer school class when he felt something entering his mouth. He mentioned noticing a girl in the classroom carrying out a throwing-like gesture, but since nothing was found in his mouth no one believed him.

Two hours later, his worried mother rushed him to their pediatrician who ordered a radiograph of the chest and abdomen (in search of a foreign body in the esophagus or stomach), which revealed a nail in his right lung (Fig 1). The only symptoms the child experienced were a few isolated episodes of coughing. An immediate rigid bronchoscopy (Storz-Hopkins) barely enabled the location of the tip of the nail, which was situated in a bronchial ramification of the posterior segment of the right lower lobe. A 3.5-cm-long nail was removed with the use of a Storz optical alligator forceps. An uneventful recovery followed this incredible shot.

Accidental foreign body aspiration may occur during hard food ingestion and simultaneous conversation, or when attention is distracted while holding an object such as a pin between the lips. This perfect long-distance shot of a nail to a place deep into the lung was truly amazing.

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