To the Editor:

We enjoyed reading the report by Dr. Kochiadakis and co-workers (June 2002).1 We would like to point out, however, that we have reported on a similar case of a 51-year-old woman with pulmonary hypertension and agenesis of the right pulmonary artery.2 Her pulmonary artery pressure was 68/24 mm Hg, as measured by right heart catheterization. The diagnosis of agenesis was confirmed by conventional pulmonary angiography as well as by magnetic resonance angiography, which also showed a common origin for both the common carotid arteries and an aberrant right subclavian artery, originating in the aortic arch distal and proceeding to the left subclavian artery. Left heart catheterization revealed communicating vessels between the left circumflex coronary artery and the right pulmonary circulation (Fig 1). Similar to the report by Kochiadakis et al.,1 our patient did not have any evidence of myocardial ischemia due to these abnormal vessels, and surgical intervention was not undertaken.

Although this report is not cited in MEDLINE, it was submitted and published in the case report section of the Chest 2000 International Meeting.

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References

Figure 1. Left, A: left anterior oblique view of the left coronary artery showing aberrant vessels originating from the left circumflex (arrows). Right, B: these aberrant vessels are shown feeding the circulation of the right lung.
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Fatal Liver Injury Associated With Rifampin-Pyrazinamide Treatment of Latent Tuberculosis Infection

To the Editor:

For treating latent tuberculosis infection (LTBI), we agree with Dr. Medinger's advice (May 2002) to select treatment candidates conservatively and to monitor them closely for liver injury and other potential adverse effects. In August 2001, the American Thoracic Society and the Centers for Disease Control and Prevention (CDC) published revised guidelines that were based on investigations of cases, including the case reported by Dr. Medinger, of severe liver injury subsequent to the administration of rifampin and pyrazinamide for the treatment of LTBI. Included in the revisions are restrictive treatment-candidate selection criteria and an admonition for more frequent observations with which to detect adverse effects.

In order to estimate the incidence rate of liver injury in patients receiving rifampin and pyrazinamide therapy for the treatment of LTBI and to assess potential risk factors (eg, patient age, as suggested by Dr. Medinger), the CDC currently is investigating cohorts of patients who received this regimen and associated cases of liver injury. The CDC encourages providers to report severe liver injury (ie, that leading to hospital admission or death) associated with rifampin and pyrazinamide therapy for the treatment of LTBI by notifying their local or state tuberculosis control program or by calling the Division of Tuberculosis Elimination, CDC, at 404-639-8442.

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Erratum

In the February 2002 article, “A Cross-Cultural Comparison of Critical Care Delivery: Japan and the United States” (CHEST 2002; 121:539–548) by Sirio et al, the legends for Figures 1 and 2 are reversed.