To the Editor:

I have carefully reviewed the letter from Drs. Lechin and van der Dijs and the literature that they cite. Of the citations, only two are to articles describing trials of asthma therapy that were published in peer-reviewed journals (their refs 5, 6). These two articles were published within 4 months of each other, have identical authors, describe findings from the same intervention in the same number of subjects, and have abstracts that read nearly identically. The two articles appear to describe the same study.

Of the remaining references, seven appear not to deal directly with asthma (refs 7–10, 14, 19, 20), seven are letters to the editor (refs 13–18), one is an abstract (ref 3), and one is a book authored by Drs. Lechin and van der Dijs (ref 2). I cannot comment on their use of tianeptine in 20,000 patients with severe asthma, nor on its use in a national program to eradicate the disease in their country, for the book that they cite is not yet available to me. I am sure, however, that Drs. Lechin and van der Dijs would want to share with the rest of the medical world a treatment for asthma that was unrelated to meals or exercise. When aspiration pneumonia, as the authors diagnosed, is a primary disorder, the symptoms are of acute onset and severe. However, the symptoms are generally insidious and chronic. Recurrent aspiration causes cough and waxing and waning pulmonary lesions. Although DAB is originally recognized as a disease in the elderly, our survey revealed that DAB occurred in young patients with the same clinical manifestations as those observed in the elderly. In younger patients, dysphagia due to achalasia and gastroesophageal reflux disease (GERD) with associated recurrent aspiration are major risks for development of DAB. DAB caused by achalasia was diagnosed in three patients aged 11, 12, and 56 years, respectively. Dysphagia and GERD are considerably associated with swallowing disorders and aspiration. Both the impaired lower esophageal sphincter and the depressed upper airway reflex contribute dependently or independently to recurrent lung infiltrates, resulting in the manifestation of DAB.

In the current case, the patient had a long history of a chronic dry cough that was worse at night, and had dysphagia for 15 years for solids and liquids, with substernal chest discomfort and pain that was unrelated to meals or exercise. When aspiration pneumonia, as the authors diagnosed, is a primary disorder, the symptoms are of acute onset and severe. However, the symptoms are generally insidious and chronic. Recurrent aspiration causes cough and waxing and waning pulmonary lesions, but does not always cause aspiration pneumonia. The history and the manifestations of symptoms are quite similar to DAB in the elderly.

It may be interesting to know whether the lung pathology caused by achalasia was diagnosed in three patients aged 11, 12, and 56 years, respectively. Dysphagia and GERD are closely associated with aspiration-associated lung infiltrates, site, aspiration pneumonia and DAB. Thus, the case may be better diagnosed as DAB due to achalasia.

Shinji Teramoto, MD
Hiroshi Yamamoto, MD
Yasuhiro Yamaguchi, MD
Tetsuji Tnoita, MD
Yasuyoshi Ouchi, MD
Department of Geriatric Medicine
Tokyo University Hospital
Tokyo, Japan

Diffuse Aspiration Bronchiolitis due to Achalasia

Akritidis and coworkers (February 2003) reported a 56-year-old woman who presented with fever and productive cough of 2 weeks in duration because of achalasia. They comprehensively assessed the signs and symptoms, and the patient examination was almost perfect; achalasia associated with aspiration pneumonia was diagnosed. Although the symptoms could be explained by achalasia associated with aspiration pneumonia, they may have missed the diagnosis.

We believe that the case should be diagnosed as diffuse aspiration bronchiolitis (DAB) due to achalasia. DAB is a new term that we proposed to define a clinical entity that is characterized by a chronic inflammation of bronchioles caused by recurrent aspiration of foreign bodies. Recurrent aspiration causes cough and waxing and waning pulmonary lesions. Although DAB is originally recognized as a disease in the elderly, our survey revealed that DAB occurred in young patients with the same clinical manifestations as those observed in the elderly. In younger patients, dysphagia due to achalasia and gastroesophageal reflux disease (GERD) with associated recurrent aspiration are major risks for development of DAB. DAB caused by achalasia was diagnosed in three patients aged 11, 12, and 56 years, respectively.

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Shinji Teramoto, MD
Hiroshi Yamamoto, MD
Yasuhiro Yamaguchi, MD
Tetsuji Tnoita, MD
Yasuyoshi Ouchi, MD
Department of Geriatric Medicine
Tokyo University Hospital
Tokyo, Japan

Homer A. Boushey, MD
University of California San Francisco
San Francisco, CA

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Reproduction of this article is prohibited without written permission from the American College of Chest Physicians (e-mail: permissions@chestnet.org). Correspondence to: Shinji Teramoto, MD, Department of Geriatric Medicine, Tokyo University Hospital, 7–3–1 Hongo Bunkyo-Ku, Tokyo, Japan 113-8652; e-mail: shinjit-ty@umin.ac.jp