Mycobacteria in Pathogenesis of Sarcoidosis

To the Editor:

We read with great interest the study by Brown et al (February 2003) investigating the role of bloodstream cell wall-deficient forms (CWDFs) of mycobacteria in the pathogenesis of sarcoidosis. CWDFs have been implicated in the pathogenesis of sarcoidosis for some considerable time; however, this is the first study investigating bloodstream CWDFs since the provocative study of Almenoff et al in 1996, who cultured CWDFs of likely Mycobacterium tuberculosis origin from a high proportion of sarcoid patients but from none of a control group. In the present study, a much greater number of patients and control subjects is involved. Moreover, the timing of blood culture may have had a critical bearing on the number of positive yields. Sarcoidosis is characterized by granulomatous inflammation whose function is a presumed "walling-off" of offending antigens. It is possible, therefore, that bacteremia only occurs very early in the disease course before granulomatous structures are fully developed. Mycobacteremia may also not occur in all patients and, perhaps, is confined to only those with multisystem involvement. An important aspect of interpretation of the data from this study should therefore include a correlation of the number of positive blood culture findings with time from disease onset, not necessarily diagnosis, and the presence of extrapulmonary manifestations. If no such correlation exists, we would concur that an etiologic role for these organisms could not be supported and that tissue-based approaches are likely to be the most productive way forward.

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REFERENCES

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Balloon Dilatation Using Flexible Bronchoscopy for the Management of Benign and Malignant Airway Stenoses

To the Editor:

We read with interest the guidelines from the American College of Chest Physicians on interventionally pulmonary proce-