group (in-hospital mortality rate, 25%). Thus, we believe that patients with signs of myocardial injury should be considered as potential candidates for aggressive therapy. However, a multicenter, prospective, randomized trial is needed to address the clinical value biomarkers and to define their optimal levels in a management strategy of patients with submassive APEs.

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REFERENCES

Looking at Transpulmonary Thermodilution Curves

To the Editor:

Transpulmonary thermodilution has been shown to be an easy and reliable technique for hemodynamic monitoring in critically ill patients and is being used increasingly.1–4 After injection of a
Looking at transpulmonary thermodilution curves can be very useful to diagnose intracardiac shunts. However, a cross-talk phenomenon may result in a double-hump thermodilution curve wrongly suggestive of right-to-left intracardiac shunting. Therefore, the use of venous and thermodilution-tipped arterial catheters on the same side and of the same length should be avoided in patients monitored with transpulmonary thermodilution.

Figure 1. Transpulmonary thermodilution curves recorded after the injection of a cold saline solution bolus in the 20-cm femoral venous catheter (F) and in the jugular venous catheter (J). The double-hump curve is not explained by a right-to-left intracardiac shunt but by a cross-talk phenomenon: the decrease in blood temperature during the cold bolus injection is directly transmitted to the thermistor-tipped arterial catheter.

Is the Recommendation Not To Use Rifampin Plus Pyrazinamide for Latent Tuberculosis Treatment Always Imperative?

To the Editor:

Following several reports of severe liver injury, the American Thoracic Society and the Centers for Infection Control and Prevention recently recommended to discontinue the use of rifampin plus pyrazinamide (RZ) as treatment for latent tuberculosis (LTB). Considering the limited choice of drugs proven effective for this purpose, in our opinion this advice, though judicious and precautionary, is a cause of major concerns. In the United States, the implementation of mandatory screening and treatment for LTB in immigrants from high-prevalence countries actually encounters relevant difficulties because of the variable isoniazid (INH) resistance patterns among different countries, and of possible severe hepatotoxicity associated with antituberculosis drugs. High primary INH resistance rates have been registered among immigrants from Vietnam, South Korea, Haiti, the Philippines, and China. In fact, a decision analysis model...