figure in the United Kingdom, \(^1\) lower than that in Japan (32%).\(^2\) while higher than that found in a survey by the American College of Chest Physicians (4.6%).\(^3\) Among complications, bleeding occurred most frequently. Most bleeding occurred during brushing and forceps biopsies. The death rate was 0.076%. Although the number of hospitals in the survey was relatively small, this was the first nationwide survey on bronchoscopy undertaken in the People’s Republic of China.

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Trees Don’t Grow in the Lungs!

To the Editor:

We read with interest a recent article\(^1\) on the BBC Web site of a 5-cm fir tree discovered by doctors in the lungs of a Russian botanist who underwent resection for a “lung tumor” after he commented that “The branch was green, as if it had just been presented with chest pain.” The surgeon who operated on him expressed the patient’s perception and to make it “catchy.” The title of the article was chosen to entitled “A tree grows in bronchus”; yet, the incident on aspiration of a seed can take place. Foreign-body aspiration often goes undetected if the initial choking episode is not obvious. In adults, a reason for the lack of acute symptoms may be the larger caliber of airways, resulting in most foreign bodies lodging in distal airways. Seeds and plant material by themselves, however, are radiolucent, and any radio-opacity seen is likely from complications. A high index of suspicion is required. A bronchoscopic examination of the airway will establish the diagnosis.

In the realm of scientific observation, the adage “trees do not grow in the lungs” indeed holds true in every sense.

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Could Fiberoptic Bronchoscopy and CT Lung Scan Differentiate Ventilator-Associated Tracheobronchitis From Ventilator-Associated Pneumonia?

To the Editor:

I read with interest the article in CHEST (February 2009) by Dr. Craven and colleagues\(^1\) on ventilator-associated tracheobronchitis (VAT). In this general review, the authors elegantly discussed recent findings on the impact of targeted antibiotic therapy on patient outcomes.\(^2,3\) They outlined the difficulty in differentiating VAT from ventilator-associated pneumonia (VAP) and suggested fiberoptic bronchoscopy and CT lung scan to confirm the diagnosis of VAP. However, some clarification would be helpful for ICU physicians.

The authors stated that quantitative samples obtained from the distal airway using bronchoscopic or nonbronchoscopic lavage or specimen brush were used to confirm VAP. Do the authors...