We read with interest the recent article in CHEST (November 2012) by Rho et al. The authors presented an interesting case of IgG4-related sclerosing disease.

We were wondering whether there was any significant lymphadenopathy. Asymptomatic IgG4-related lymphadenopathy is contrary to the current guidelines that recommend surgical intervention if lymphadenopathy is present and suggest the disease to be of low clinical significance.

Significance of Lymphadenopathy in IgG4-Related Sclerosing Disease and Sarcoidosis

To the Editor:

Dr Junqueira has brought to our attention that some of the studies referenced in Table 2 (regarding the incidence of heparin-induced thrombocytopenia [HIT]) in the “Treatment and Prevention of Heparin-Induced Thrombocytopenia” chapter in the most recent edition of the antithrombotic therapy and prevention of thrombosis clinical practice guidelines are of poor methodologic quality. Many of the studies in the HIT literature, including those that reported the incidence of HIT, are of similar poor quality. In preparing this topic, we did not conduct a formal meta-analysis of HIT incidence studies primarily because evaluating the incidence of HIT was not one of our objectives. The references provided in the table were only intended to be examples of the incidence in various patient populations and heparin exposure groups. It is noteworthy, however, that had we conducted a formal meta-analysis as Dr Junqueira did in a recently published review, the result would not have been significantly different from that we provided in the table.

To the Editor:

Daniela R. G. Junqueira, PhD
Belo Horizonte, Brazil

Affiliations: From the Centro de Estudos do Medicamento (Comedd), Faculdade de Farmácia, Universidade Federal de Minas Gerais; Faculty of Health Sciences, The University of Sydney (Sydney, NSW, Australia).

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Correspondence to: Daniela R. G. Junqueira, PhD, Rua Camapuã 700 apto 102, Grajaú, Cep: 30431-236, Belo Horizonte, Minas Gerais, Brazil; e-mail: danijunqueira@gmail.com

From the Department of Medicine (Drs Linkins, Schulman, and Crowther), McMaster University; University of the Philippines Manila (Dr Dans); The Uniformed Services (COL Moores), University of Health Sciences; and University of Washington School of Medicine (Dr Davidson).

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Correspondence to: Lori-Ann Linkins, MD, Department of Medicine, McMaster University, Juravinski Hospital, Room A3-74, 1290 Main St W, Hamilton, ON, L8S 4K1, Canada; e-mail: linkila@mcmaster.ca

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Response

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We read with interest the recent article in CHEST (November 2012) by Rho et al. The authors presented an interesting case of IgG4-related sclerosing disease.

We were wondering whether there was any significant lymphadenopathy. Asymptomatic IgG4-related lymphadenopathy is
common, occurring in 80% of patients with autoimmune pancreatitis. Cough and dyspnea could be clinical manifestations of pulmonary sarcoidosis. Also, lymphadenopathy and pulmonary nodules are common in sarcoidosis. Interestingly, there was a biopsy specimen-proven report of the association between IgG4-related disease and sarcoidosis. This association is fascinating and we may have overlooked the diagnosis of IgG4-related sclerosing disease in the past in patients with or without sarcoidosis.

Narat Srivali, MD
Supapat Ratanapo, MD
Patompong Ungprasert, MD
Wisit Cheungpasitporn, MD
Cooperstown, NY

Affiliations: From the Department of Medicine, Bassett Medical Center.
Financial/nonfinancial disclosures: The authors have reported to CHEST that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

Correspondence to: Wisit Cheungpasitporn, MD, 1 Atwell Rd, Cooperstown, NY 13326; e-mail: wisit.cheungpasitporn@bassett.org

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