Letter to the Editor

Can spontaneous pneumothorax patients be treated by ambulatory care management? Revisited

Mohamed Fouad Ismail*
Mansoura University Hospitals, 71 El-Sedek St., Ahmed Maher St., Mansoura, Egypt

Received 16 March 2007; accepted 23 March 2007

Keywords: Spontaneous pneumothorax; Heimlich valve; Closed thoracostomy

I read with interest the article titled 'Can spontaneous pneumothorax patients be treated by ambulatory care management?' [1], but I have some comments about it.

1. I think that cost increase with Heimlich valve are not as have been mentioned before, as the failure rate of those patients using the method need an additional conventional method, which adds to the primary cost.

2. I do not understand why two routes for catheter insertion were performed using a needle inserted into the fifth intercostal space in the anterior axillary line or the second intercostal space in the midclavicular line. I think it was better to use only one route for comparison, unless there were other indications for the two different routes.

3. It is a routine in our institute to insert closed thoracostomy tube for those patients with spontaneous pneumothorax; and when the lung is fully inflated the patient can go home even on the day of insertion. He can be followed with regular chest X-ray in our outpatient clinic.

4. I can suspect that the higher rate of failure with the Heimlich valve was due to the small caliber of the catheter used. A more wider catheter can help for drainage of larger pneumothorax.

5. I have one more last comment about the recurrence rate which was calculated only during the first 6 months. I think that this time is not enough for assessment of the recurrence rate.

Reference


* Corresponding author. Tel.: +20 50 2266741; fax: +20 50 2234111.
E-mail address: mfismail2299@yahoo.com.
Letter to the Editor

Another perspective of the dysphagia due to tuberculosis

Thomas F. Molnara,*, Frank Detterbeckb, Zoltan Balikoc
bDepartment of Thoracic Surgery, Yale University, New Haven, CT, USA
cDepartment of Pneumonology, Teaching County Hospital of Pécs, Hungary

Received 29 January 2007; accepted 5 March 2007; Available online 6 April 2007

Keywords: Dysphagia; Medical humanities; Tuberculosis; History

We read with interest the article of Rathinam et al. [1]. Tuberculosis was central to the development of this specialty of thoracic surgery, [2] and it is unfortunate that complications of this disease are almost completely forgotten in the modern literature. We commend the authors for calling attention to a symptom of tuberculosis that is relatively rare, yet carries important consequences. We are writing to underscore the paper as well as to broaden the professional horizon by drawing attention to the importance of this disease and symptom throughout history. The tuberculous patient can suffer from swallowing problems starting from the pharynx all down to the lower esophageal sphincter — dysmotility due to peritonitis tuberculosa, for instance. Mediastinal (nodal) involvement is really the most plausible cause. Literature provides us with an early description of a patient suffering from dysphagia due to tuberculosis, although the source is outside the usual medical sources [3]. The patient is Joachim, cousin of the main character, Hans Castorp in Thomas Mann’s novel Magic Mountain (Der Zauberberg). No one who reads this book will fail to list tuberculosis among possible causes of dysphagia. Thomas Mann, who was himself a thoracic surgical patient, having undergone a bilobectomy [4] — gives a brilliant description of the terminal incapacity of swallowing. Although one might initially suspect recurrent nerve palsy from tuberculosis mediastinal node involvement as the cause for the hoarseness, in this case, the diagnosis is laryngeal tuberculosis. The patient suffers from increasing hoarseness, aspiration, debilitation and finally succumbs.

A broad base of knowledge is important, and the case series reported by Rathinam is a good example. Thomas Mann reminds us that even unusual sources like the humanities can also be useful.

References


* Corresponding author. Tel.: +82 2 818 6286; fax: +82 2 818 6284.
E-mail address: kuedchoi@korea.ac.kr.
doi:10.1016/j.ejcts.2007.03.033

Reply to the Letter to the Editor

Reply to Molnar et al.

Sridhar Rathinam a, Servarayan M. Chandramohan b,*
aBirmingham Heartlands Hospital, Bordesley Green East, Birmingham, United Kingdom
bDepartment of Gastrointestinal Surgery, Government Royapettah Hospital and Kilpauk Medical College, Chennai, India

Received 4 March 2007; accepted 5 March 2007; Available online 17 May 2007

Keywords: Dysphagia; Medical humanities; Tuberculosis

We thank Molnar et al. [1] for their interest and valuable comments in our work [2]. We agree with them that complications of tuberculosis are almost forgotten in modern literature. We have encountered this presentation as ours is a high volume oesophageal centre in India. It is important that we are aware of the rare presentations like dysphagia as there is a resurgence of tuberculosis both in the East and the West [3]. It is said a surgeon learns throughout his career and Molnar et al. have highlighted the importance of gaining knowledge from non medical sources and humanity.

References


* Corresponding author. Tel.: +91 44 2661 3464.
E-mail address: smchandra@yahoo.com (S.M. Chandramohan).
doi:10.1016/j.ejcts.2007.03.006