References

endothelium. It can be administered for up to 3 or 4 days, after which time its hemostatic benefits decrease [5]. Side effects are rare in children, for whom the drug has been widely used as long-term treatment for enuresis. Desmopressin was controversially reported to worsen thrombocytopenia in patients with von Willebrand disease type 2B [5, 6]. If levels of fluid and salts are not monitored, desmopressin can induce water intoxication [7].

In dengue with shock, a capillary leak induces plasma drift that is primarily confined to the peritoneum and the pleura. This suggests an initially localized endothelial lesion. Attempts to treat such vascular leakage with carbazochrome sodium sulfonate have produced conflicting results [8, 9]. For our patient, the need for fluid resuscitation was limited to initial infusion and then daily fluid maintenance; we maintained surveillance of diuresis, the patient's weight, and the levels of salts and fluid. There was prompt clinical improvement, and the need for fluid resuscitation was reduced 10-fold compared with our previous observations. Induced edemas were avoided. We suggest that desmopressin may help reverse the vascular functional deficiency that leads to shock.

We have too few patients to plan a controlled trial of desmopressin in patients with DHF/DSS. However, we recommend that such a controlled trial be undertaken by our colleagues who treat a larger number of patients in a monitored clinical environment.

Addendum. As of 12 September 2001, our unit has admitted 19 patients with grade III or grade IV DHF/DSS. Three of these 19 died. Of the 16 patients who received 1–3 doses of desmopressin, 1 died within 24 hours of admission, and 15 responded favorably.

Laurent Pea,1 Laurent Roda,2 and Fabrice Moli1
1Critical Care Unit and 2Clinical Biology Unit, Centre Hospitalier Territorial, Papeete, Tahiti

Aspiration Pneumonia: A Misnomer

Sir—In spite of the fact that the term “aspiration pneumonia” is embedded in the medical parlance used during ward rounds, in the morning report, and in recent review articles [1], its use should be discouraged. Aspiration is a pathogenic mechanism for several inflammatory diseases of the lung, both infectious and non-infectious. Avoiding use of the term “aspiration pneumonia” in the usual sense enables us to distinguish clearly between well-defined pulmonary syndromes, such as chemical pneumonitis, anaerobic pneumonitis, and classical bacterial pneumonias, that are mediated by aspiration of different noxious mixtures.

Mendelson’s syndrome [2] refers to the inflammatory pulmonary disorder caused by aspiration of gastric content, more aptly called chemical pneumonitis. It produces fever, leukocytosis, purulent sputum, and an infiltrate visible on a radiograph. It is not an infectious but an inflammatory process, because the low gastric pH keeps the gastric contents sterile. If the clinician is sure that the patient vomited and then aspirated, they can follow the patient’s course carefully without administering antibiotics. All these inflammatory changes will start to clear in 24–36 h. There should be a low threshold to determine whether to start administration of antibiotics, because the sloughed pulmonary tissue is primed to become infected. Gastric aspiration can produce an infectious pneumonitis if the gastric pH is increased by antacids, histamine-receptor antagonists, proton-pump inhibitors, or enteral feeding [3–4] or if there is gastroparesis or obstruction of the small bowel.

The disorder that most clinicians associate with the term “aspiration pneumonia” is better defined by the term “anaerobic pneumonitis” [5]. Normal oral flora is composed of a large variety of microaerophilic and anaerobic organisms of low virulence. For such low-virulence organisms to establish a “beachhead” in the lung parenchyma, they have to be aspirated in rather large volumes. This can occur in aspiration-prone patients, such as those who have frequent episodes of loss of consciousness (e.g., patients prone to seizures or who have alcoholism) or have disorders of the swallowing mechanisms (e.g., patients who have had cerebrovascular accidents). The classic bacterial types of pneumonia are caused by aspiration of small amounts of highly virulent organisms, such as Streptococcus pneumoniae. Use of the term “aspiration pneumonia” to refer to anaerobic pneumonitis blurs the distinction between these different entities, depriving the cli-

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10. Reprints or correspondence: Dr. Laurent Roda, Laboratoire de Biologie Medicale, Centre Hospitalier Territorial, BP 1640, Papeete, Tahiti, Polynesie Francaise (roda@maill.pf).

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