Correspondence

Single measurements of glycaemic markers may lack stability over time

Sir,
Timmer et al.1 studied the relation between single measurements of HbA1c and random blood glucose and mortality in patients. The deaths occurred several months after these measurements were made, and unfortunately there were no data on the glycaemic status of these patients during the follow-up period. Did glycaemic control improve in the group of patients with HbA1c ≥6.2% after discharge from the hospital? Did it worsen? How did the subgroup with diabetes fare?

The United Kingdom Prospective Diabetes Study (UKPDS) clearly demonstrated a significant association between HbA1c and cardiovascular outcomes in diabetic subjects.2 The updated mean of several annual measurements of HbA1c (over a 10-year period) was used in the UKPDS, and this made the data more robust. It might have been more appropriate if Timmer et al. had aimed to study the relation between glycaemic markers on admission and in-hospital mortality. Single measurements of metabolic variables lack stability over time, and expecting them to be able to predict events occurring several months later may be unrealistic.

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References
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Pigtail catheter drainage for secondary spontaneous pneumothorax

Sir,
Several treatments are recommended for a first episode of primary spontaneous pneumothorax (PSP), including simple observation, oxygen supplementation, simple aspiration and chest tube drainage, depending on the severity of pneumothoraces.1 However, management for secondary spontaneous pneumothorax (SSP) remains problematic, because of the lack of universally accepted management guidelines. Previously, we reported our experience in treating PSP using pigtail tube drainage and the results were promising.2 However, it is still not known whether the pigtail catheter is effective in the management of SSP. We now report our experience and results using the pigtail catheter in the treatment of SSP over a 3-year period.

From July 2002 to July 2005, 64 patients with a first episode of SSP treated at the China Medical University Hospital were included in our series: 52 males (81%) and 12 females (19%). The age range was 17–91 years, mean ± SD 59.5 ± 19.0. A chest ultrasound examination was performed first for guidance; then the pigtail catheter (10 to 14 Fr) with a trocar system was inserted into the superior part of the fourth to six intercostal space at the middle axillary line, after local anaesthesia. After the procedure, the catheter was connected to a Heimlich one-way valve drainage bag. Patients were closely followed-up with a chest X-ray (CXR) immediately after the procedure and at 24 h, 48 h and later as necessary. When there was no more air drainage from the one-way valve drainage system, and the lung had reached full expansion, as revealed by CXR, the pigtail was extubated. Patients were discharged when there were no more clinical symptoms and/or no air accumulated in the pleural space on follow-up CXR.

Among the enrolled 64 patients with SSP, COPD was the most common underlying disease, accounting for 56% (Table 1). Clinically, 46 patients (72%)