LETTERS TO THE EDITOR

Vocal cord dysfunction and wheezing

We read with interest the editorial by Drs J Goldstone and M Muers (June 1991;46:401-4). Although we agree with most of the review, we would disagree with their comments on hypoxaemia. They state that absence of hypoxaemia in vocal cord dysfunction helps to differentiate this condition from acute asthma.

We have seen two cases ourselves where hypoxaemia is a feature of vocal cord dysfunction. In one case the hypoxaemia (arterial oxygen tension, PaO₂ 79 mm Hg with 100% inspired oxygen) and the induced “wheeze” were immediately relieved by intubation without recourse to assisted ventilation. On another occasion a similar effect was produced by the administration of a small dose of anaesthetic.

Nolan et al 1989 report four patients, three of whom had demonstrable hypoxaemia during an acute episode (PaO₂ 8.45, 5.18, and 6.1 kPa respectively). Appelblatt et al 1981 report three patients who had hypoxaemia during an acute attack (PaO₂ 50, 52, and 44 mm Hg). Finally, in the report by Christopher et al 1983 cited in the editorial, the alveolar-artrial oxygen tension gradient was reported as normal in all five patients yet two young and apparently otherwise fit subjects had a PaO₂ below 70 mm Hg.

We conclude that the comments regarding hypoxaemia are inaccurate and may lead to inappropriate management. As the authors point out, failure to make the correct diagnosis could result in potentially harmful iatrogenic complications.

Thus in our experience and that of other authors the presence of abnormal blood gases does not exclude a diagnosis of vocal cord dysfunction. We would however support the second summary conclusion that any acute attack should be treated as asthma unless or until there is objective evidence to the contrary.

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AUTHORS’ REPLY Abnormal communications between arteries and veins may arise from rupture of an arterial aneurysm into the adjacent vein, developmental defects, inflammatory necrosis of adjacent vessels, and penetrating injuries that perforate the wall of artery and vein. The Cope needle used for pleural biopsy and the common needle used for aspiration may all cause this if they are inappropriately introduced. An arteriovenous fistula due to rupture of an arterial aneurysm into the adjacent vein may take longer and depend on different mechanisms from those of fistulas due to penetrating injuries through the artery and vein. In our case we clearly showed an intercostal vein in the early arterial phase as well as a pseudo-aneurysm formation. Isolated arterial aneurysm can not therefore be the cause. Nevertheless, we agree that the cutting edge of an aspirating needle inappropriately directed is sufficient to induce such a lesion. When we presented our case to our Chest Medicine Society they all had a similar experience. Thus although traumatic arterial aneurysm or arteriovenous aneurysm may occur after invasive procedures they appear to be rare.

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BOOK NOTICE


In the foreword to this wonderful book we are reminded that “Tobacco kills worldwide more than 2.5 million people prematurely every year. This is an appalling, almost unimaginable toll of suffering and death, representing a waste of human resources which ought to be unacceptable in a civilised society.” The authors of this book therefore set out to enthuse, inform, and encourage their readers in the struggle against tobacco. They are remarkably successful in this aim. Most of the book is taken up by 10 “case studies” of initiatives, policies, and the shaped recent smoking control history. The topics include the enormously influential compilation of statistics of smoking related diseases in the United Kingdom called The Big Kill, with the numbers of affected individuals broken down according to individual health authorities and parliamentary constituencies, and the shameful episode of Shool Bandits (when the Government subsidised a new tobacco factory in Scotland, built by US Tobacco to manufacture oral tobacco snuff). Some of the case histories are an inspiration—for example, the Victorian Tobacco Act—and others rather depressing—for example, the voluntary agreement between the tobacco industry and the Government. Throughout this book there is much good advice on how this can be achieved, and the addresses and contact addresses of all of the key individuals and organisations are listed. There is also an enormously useful book list. This book is written with an authority that reflects the direct experience and commitment of the authors working in the field of tobacco control. In my view it should be required reading for anyone interested in combating smoking.—JM

CORRECTIONS

Carboxyhaemoglobin in women exposed to different cooking fuels

In the paper by Dr D Behera and others (May 1991;46:344-6), on page 345 in line 13 of the abstract, 7.2% should be 7.4%, and on page 345 in line 10 of “Results” (p = 0.03) should appear after “users.”

Prevalence of asthma among 12 year old children in New South Wales: a comparative survey

In the paper by Dr DMJ Barry and others (June 1991;46:405-9) on page 407, column 1, line 17, 3% should be 31%.

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Intercostal arteriovenous fistula due to pleural biopsy.

J B Howell

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