potential for confounding by severity when an unmatched control group is used. A similar problem occurred in the Saskatchewan study, which also used an unmatched control group. When this problem is corrected, however, either by using an appropriate control group (group A) or by adjusting for markers of asthma severity (table, top of p374), then the association of asthma drugs in general with deaths from asthma tends to disappear, whereas the findings for fenoterol remain firm (a similar pattern occurred in the Saskatchewan study). The table shows that control group A provides an adequate match for asthma severity, whereas some confounding exists in the unadjusted results for control group B. We drew this conclusion in the published paper. Dr Lanes and his coworkers have simply repeated our analysis but misrepresented our conclusions.

When the hazards of fenoterol are being considered it is important that all of the evidence should be considered. There is now a wealth of epidemiological, experimental, and clinical evidence that fenoterol is more hazardous than other commonly used β agonists. The peculiar pattern of asthma mortality started when fenoterol was introduced in 1976, and continued until our first study was published in 1989; the death rate then fell by one half, and is now similar to that in other countries. It is important to search for alternative explanations, but the evidence increasingly indicates that confounding by severity is not a plausible explanation, and that the association between fenoterol and deaths from asthma is likely to be causal.

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4 Crane J, Pearce NE, Burgess C, et al. Markers of risk of asthma death or readmission in the 12 months following a hospital admission for asthma. Int J Epidemiol (in press).

Pleural abrasion: a new method of pleurodesis?

Pleural abrasion, as a means of pleurodesing the lung, is not a new technique, as implied by the paper of Mr I U. Nkere and others (August 1991;46:596-8). We and most thoracic surgeons in Australia have been performing transaxillary thoracotomies, apical bullae stapling, and abrasion pleurodesis for at least 20 years. At the Prince Charles Hospital—a cardiothoracic hospital serving Queensland—in the period January 1985-December 1990, 320 patients were operated on in our thoracic surgical service for spontaneous pneumothorax. The mean age was 28 years and M:F ratio was 1:4.1.

Surgery was performed via the following surgical approaches: transaxillary thoracotomy (TAT) 244 patients, bilateral TAT 12 patients, lateral thoracotomy 52 patients, anterior thoracotomy 6 patients, posterolateral thoracotomy 6 patients. Pleurodesis was achieved thus: pleural abrasion 185 patients, talc with or without abrasion 42 patients, pleurodesy 84 patients, talc with or without pleurectomy 4 patients, other or unknown 5 patients. The mean postoperative hospital stay was four days. There were recurrences requiring surgery in 20 patients and recurrences not requiring surgery in three patients.

I think you must agree that from our experience pleural abrasion is not a new method. We agree, however, with the authors that it is a highly suitable technique with good results. If combined with a transaxillary approach—a often an incision no more than 2 inches (5 cm) wide—it is a cosmetically acceptable form of procedure for spontaneous pneumothorax, and we will continue to use this procedure.

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authors’ reply We are grateful to Drs Cole and Matar for sharing their extensive experience of surgery for pneumothorax with us. It was with some misgivings that we accepted the editorial decision to change the original title of our paper from “A safe and effective method of pleurodesis” to “New method ..”. The onus aspect of the technique which, as far as we are aware, has not been previously described is the use of a domestic pan scourer to achieve pleural abrasion and even this is not our invention, as it was being used by Dr Cole and colleagues at King’s College Hospital 20 years ago. Despite the fact, however, that pleural abrasion has been in widespread use in North America and, as we now know, in Australia for many years not many clinicians using the technique routinely have published their results, and in the United Kingdom there remains the belief outside a small circle of thoracic surgeons and enlightened chest physicians that surgery for pneumothorax calls for a full pleurectomy through a large and painful incision. Indeed, it was the inaccurate and sometimes alarming perception that many of our patients had appeared to receive that prompted us to put our experience together, and in that the subject seems now to have received a wider medical airing than before our principal objective has, in part, been fulfilled.

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1 Berglund E. Right-to-left intracardiac shunt in obstructive lung disease. Eur J Respir Dis 1981; 62:319-20. 2 Hagen P, Scholz D, Edwards W. Incidence and size of patent foramen ova late during the first 10 decades of life. Mayo Clin Proc 1981; 56:17-20. 3 Roos CM, Romin KH, Braat MCP, van Lelven AM. Posture-dependent intracardiac shunt: relationship to pneumocystis pneumonia, and after severe respiratory failure in chronic obstructive lung disease. A more likely mechanism of the different shunting in different positions is the changing relation between the right and left pressures. This, in turn, depends on the function curves of the right and left ventricles \dagger: apparently they cross, so that at low "venous return" right atrial pressure exceeds left atrial pressure, and at higher "venous return" left atrial pressure exceeds, or approaches, right atrial pressure.

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persistent alveolar increased permeability to \( ^{99} \)Tc DTPA in patients with advanced HIV infection

In their paper regarding the diagnostic value of lung clearance of \( ^{99} \)Tc DTPA in patients with advanced HIV infection, they made a number of observations which are informative. The first is that the clearance of \( ^{99} \)Tc DTPA is significantly lower in HIV patients with advanced HIV infection when compared to healthy controls. This finding is consistent with previous reports, including our own, which have demonstrated a decrease in alveolar permeability in HIV-infected individuals. The authors also note that the decrease in clearance is more pronounced in patients with advanced HIV infection, as indicated by the CD4 count.

Therefore, the use of \( ^{99} \)Tc DTPA clearance as a marker of pulmonary function in patients with advanced HIV infection may beof limited value. However, the authors suggest that this finding may be useful in monitoring the response to therapy and assessing the progression of disease. Further study is warranted to validate this approach and determine its clinical utility.

Shunting through a patent foramen ovale.

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