molecular analyses. TBB, transthoracic needle biopsy, and TBNA are generally insufficient and early open lung biopsy or video assisted thoracoscopic lung biopsy should be considered. In view of its extreme rarity, there is no recommended treatment at present. CHOP based chemotherapy and surgical resection have been reported in the literature. The response to chemotherapy is variable. Surgical resection may offer a cure in a patient whose tumour is localised. Systemic corticosteroids may be tried as a temporary measure to stabilise the patient sufficiently to undergo surgical biopsy.

ACKNOWLEDGEMENTS
The authors thank Kanokwan L Katagiri PhD for her assistance with translation of the Japanese case reports.

Authors’ affiliations
P Loahaburanakit, K A Hardin, Division of Pulmonary and Critical Care Medicine, University of California, Davis, Sacramento, CA 95817, USA

Competing interests: none declared.

Correspondence to: Dr P Loahaburanakit, Division of Pulmonary and Critical Care Medicine, University of California, Davis, Sacramento, CA 95817, USA; peteyl@hotmail.com

Received 30 March 2004
Accepted 13 September 2004

REFERENCES


Implication of ANCA status in Churg-Strauss syndrome

S Gareebbo

Thorax 2006 61: 270
doi: 10.1136/thx.2005.la0192

Updated information and services can be found at:
http://thorax.bmj.com/content/61/3/270

These include:

References
This article cites 1 articles, 0 of which you can access for free at:
http://thorax.bmj.com/content/61/3/270#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

Vascularitis (53)
Neuromuscular disease (86)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/