MS-based analytical technique. The principal findings of this study are (i) PTR-MS evidence for the flow dependency of exhaled acetone; (ii) changing minute ventilation can both increase and decrease the concentrations of selected exhaled trace gases; and (iii) concentrations of certain volatiles were not significantly altered by respiratory manoeuvres in healthy volunteers.

These preliminary observations may have important implications regarding the standardisation requirement for measuring and reporting the concentrations of exhaled trace gases in the future. Further larger studies both in healthy and diseased subjects are necessary to expand on these observations and to provide mechanistic insights into exchange kinetics of affected volatiles. Such studies may help to further define the exact role of on-line MS technologies in non-invasive diagnosis and monitoring pulmonary and systemic diseases.

Piers R Boshier,1 Oliver H Priest,1 George B Hanna,1 Nandor Marczin2,3
1 Department of Surgery and Cancer, Imperial College London, St Mary's Hospital, London, UK; 2 Department of Surgery and Cancer, Section of Anaesthetics, Pain Medicine and Intensive Care, Imperial College London, Chelsea and Westminster Hospital, London, UK; 3 Department of Anaesthetics, Harefield Hospital, The Royal Brompton and Harefield NHS Foundation Trust, Harefield, Middlesex, UK

Correspondence to Dr Nandor Marczin, Department of Surgery and Cancer, Section of Anaesthetics, Pain Medicine and Intensive Care, Imperial College London, Chelsea and Westminster Hospital, London SW10 9NH, UK; n.marczin@imperial.ac.uk

▶ An additional table is published online only. To view this file please visit the journal online (http://thorax.bmj.com).

Competing interests None.

Ethics approval This study was conducted with the approval of the Riverside Research Ethics Committee (project reference number: 08/H0706/134).

Provenance and peer review Not commissioned; externally peer reviewed.

Accepted 9 February 2011
Published Online First 7 April 2011
doi:10.1136/thx.2011.161208

REFERENCES


Association of IgG4-related disease and sarcoidosis

Autoimmune pancreatitis (AIP) is a syndrome characterised by an enlarged pancreas with an irregular narrowing of the main pancreatic duct, a high serum IgG4 concentration and IgG4-positive plasma cell tissue infiltration.


A wide variety of lesions have been associated with AIP, including pulmonary lesions. Consequently, the terms “IgG4-positive multi-organ lymphoproliferative syndrome (IgG4+ MOLPS)” seem more appropriate.

To our knowledge, sarcoidosis has never been reported in association with AIP. We report the case of an association of AIP with sarcoidosis in an elderly woman.

An 80-year-old woman presented with a 1-year history of chronic diarrhoea and a weight loss of 12 kg during the previous 6 months. Physical examination was normal. Chest and abdominal CT scan disclosed an increased volume of the pancreas, coeliac and
Correspondence to Professor Mohamed Hamidou, Department of Internal Medicine, Place Alexis Ricordeau, CHU Hôpital Dieu, 44093 Nantes, France; mohamed.hamidou@chu-nantes.fr

Competing interests None.

Provenance and peer review Not commissioned; not externally peer reviewed.

Accepted 9 February 2011

Published Online First 17 April 2011

doi:10.1136/thx.2011.160341

REFERENCES


CORRESPONDENCE

Gender differences in COPD: are women more susceptible to smoking effects than men?

We read the paper by Sorheim et al with interest since possible clinical bias with regard to sex and disease in terms of diagnosis and treatment is clearly an important issue. The main problem with comparing the effect of a disease such as chronic obstructive pulmonary disease (COPD) between the two sexes is how one expresses the lung function deficit so that the data for the two sexes can be correctly analysed together.

We believe the method used by Sorheim et al introduces a sex bias that may be incorrectly influencing their result. The authors used percentage predicted to express the degree of abnormality and, depending on the equations used, this may bias the result with regard to sex and age.2 Using the equations used by Sorheim et al,3 the scatter about the predicted value is the same for both sexes although the absolute predicted values for men are higher. This means that a man and a woman with forced expiratory volume in 1 s (FEV1) values at equivalent deviation from predicted in population terms—for example, 1.645 standard deviations below predicted (equivalent to the 5th centile)—will have quite different percentage predicted values. Thus, for men of 1.80 m and women of 1.65 m (average height of the authors’ prediction equations)4 the age of 25 years, the FEV1 values at the 5th centile are 86.5% and 83.7% of predicted, respectively, and at the age of 70 they are 81.7% and 76.7% of predicted, respectively. In the paper by Sorheim et al the mean height of their subjects is not given but, assuming the above values and using the mean ages of the groups in table 1 in the paper, the 5th centile FEV1 values would be at 82.5% and 75.6% predicted for the men and women, respectively, with COPD and 84.2% and 80.9% predicted for those without COPD.

This demonstrates how percentage predicted falsely suggests that subjects with equivalently low FEV1 values in population terms appear to be different, with a bias towards women having apparently worse values than men. This bias is greater in older subjects and those with worse lung function. When using the ECCS prediction equations, this effect is still present but is much less than that seen with the equations used by Sorheim et al.4 This bias, using percentage predicted with the authors’ prediction equations automatically makes low results for women appear worse than equivalently low results for men. We do not believe the paper by Sorheim et al has proved that women are more susceptible to smoking effects and their conclusion could well be an artefact based on the incorrect method used for expressing lung function abnormality. We suggest that the authors should rework their data with statistically valid methodology with their equations, such as using standardised residuals5 or centile values, and perhaps verify this with the generic equations of Stanoevich et al in order to determine if women are truly more susceptible than men to the effects of smoking.

Martin R Miller,1 Rachel E Jordan,2 Peymane Adab3

1Department of Medicine, University Hospitals Birmingham, Birmingham, UK; 2Unit of Public Health, Epidemiology and Biostatistics, University of Birmingham, Birmingham, UK

Correspondence to Dr Martin R Miller, Department of Medicine, 5th Floor Nuffield House, Queen Elizabeth Hospital, Birmingham B15 2TH, UK; martin.miller@uob.nhs.uk

Competing interests None.

Provenance and peer review Not commissioned; not externally peer reviewed.

Accepted 18 October 2010

Published Online First 15 November 2010

doi:10.1136/thx.2010.152348

REFERENCES


Association of IgG4-related disease and sarcoidosis

Laure Michel, Renaud Clairand, Antoine Néel, Agathe Masseau, Eric Frampas and Mohamed Hamidou

Thorax 2011 66: 920-921 originally published online April 17, 2011
doi: 10.1136/thx.2011.160341