Correspondence

Unusual presentation of an intramural oesophageal cyst

Sir,—We recently encountered a case of infection within an intramural oesophageal cyst in which previous episodes of infection had resulted in pericarditis. This is so far an unrecognised phenomenon.

A 29-year-old man presented with a month's history of malaise, 4 kg weight loss, and progressive dysphagia. On examination he was pyrexial (37·5°C) with a pulse rate of 100 beats per minute, but had no other physical abnormality. A chest radiograph showed a subcarinal mass displacing the right bronchus and a barium swallow showed extrinsic compression of the oesophagus. As all other investigations were unhelpful, a right thoracotomy was performed to exclude lymphoma. This revealed an intramural oesophageal cyst 8 cm × 4 cm containing pus, which was fixed by dense adhesions anteriorly to the pericardium. The pericardium was opened to locate a plane of dissection and most of the pericardial cavity was found to be obliterated by fibrous adhesions. The cyst was then deroofed and the patient subsequently made an uneventful recovery and remains fit and well.

Nine years previously the patient had been in hospital for two months with severe pericarditis and this had recurred briefly one year later. On neither occasion had the aetiology been determined and we therefore believe that it was an inflammatory reaction to episodes of infection within the adjacent oesophageal cyst. There have been no other reports of pericarditis secondary to infection of cystic intrathoracic foregut derivatives, although one of Kirwan's series[1] was complicated by pericardial tamponade of cystic contents.

It is our opinion that if the aetiology of an episode of pericarditis remains unknown investigations should be made to exclude episodes of infection within an adjacent cystic foregut derivative.

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[1] Kirwan WO, Walbaum PR, McCormack JM. Cystic intrathoracic derivatives of the foregut and their complications. *Thorax* 1973;**28**:424.

Notices of books received

Practical Pulmonary Disease. Ed Irwin Ziment. (Pp 226; £12·25.) John Wiley. 1983.

This is a condensed manual of respiratory disease produced by six members of the academic staff of the University of California, Los Angeles. It is intended for "primary care physicians" seeking to revise the subject. The emphasis is on the management of common problems. Detailed directions for treatment are given, ranging from homely recipes to intermittent positive-pressure breathing administered by a respiratory therapist. American drug names and preferred forms of treatment may be a source of interest to the British reader who is familiar with the subject but they could be a source of confusion to those less familiar.

Respiratory Illness in Children. 2nd ed. Peter D Phelan, Louis I Landau, Anthony Olinsky. (Pp 500; £35.) Blackwell Scientific Publications. 1982.

This is a comprehensive, high-quality textbook which deals with clinical aspects of childhood respiratory disease. It is similar in size to the classic first edition (Williams and Phelan, 1975) but the text has been thoroughly revised and is about half as long again. New sections include chapters on lung growth and development, neonatal respiratory disorders, and lung noises. The section on asthma is revised and expanded and the chapter on cystic fibrosis is almost three times as long. There are on average 40 references at the end of each chapter. The standard of illustration, particularly that of the chest radiographs, is excellent.

Applied Physiology in Clinical Respiratory Care. Ed Omar Prakash. (Pp 481; US$76.) Martinus Nijoff. 1982.

This book presents 31 reviews of different aspects of applied respiratory physiology related to intensive care of the critically ill. It is the outcome of a symposium held to commemorate the 10th anniversary of the Thorax Centre of Erasmus University, Rotterdam, in 1981. Established authorities in the field from Europe and North America have contributed to the volume and have achieved a high overall standard of content and illustration. The dominant themes are pulmonary oedema and adult respiratory distress syndrome, monitoring (particularly respiratory monitoring), ventilators, and aspects of disturbed physiology in the critically ill (particularly hypoxia).

Occupational Asthma.
Ed. AJM Slovak. (Pp 46; £3·25 including postage, £4·25 for overseas orders.) Society of Occupational Medicine, 11 St Andrew's Place, London NW1 4LE. 1983.

The Society of Occupational Medicine has published this slim A4-sized collection of review papers presented at a symposium held in December 1981. The subjects discussed are (author in brackets): laboratory animal allergy (Newman-Taylor); occupational asthma in food workers (Harries); advances in the diagnosis of occupational asthma (Burge); occupational asthma—problems in the work place (Slovak); prescriptions of occupational asthma (Newman-Taylor). This is a useful publication with a strong emphasis on practical aspects of the subject. The use of measurement of peak expiratory flow rate in diagnosis is particularly well presented with examples.