childhood.[2] The diagnosis should nevertheless be suspected in a child coming from an endemic area, particularly where there is a very high blood eosinophilia count and a diffuse reticulonodular pattern on successive chest radiographs.[3]

J DE BLIC
P SCHEINMANN
J PAUPE
Service de Pneumologie et Allergologie Infantiles
Département de Pédiatrie
Hôpital des Enfants Malades
Paris

JF PAYS
Laboratoire de Parasitologie Necker—Enfants Malades
Paris

[1] Jean R, Benoist MR. In: *Exploration fonctionnelle pulmonaire en pédiatrie.* Paris: Flammarion, 1979.
[2] Udwadia FE. In: Hertzog H, ed. *Progress in respiration research—7.* Basel: Karger, 1975:**35**.
[3] Fraser RG, Paré JA. *Diagnosis of diseases of the chest.* Vol 2. Philadelphia: WB Saunders, 1978;864–5

Partial anomalous pulmonary venous return with intact atrial septum: report of four cases

SIR,—In their interesting paper concerning partial anomalous pulmonary venous connection with intact atrial septum (November 1983, p 859) Dr JR Stewart and his colleagues state "In the absence of an interatrial communication . . . the condition is uncommon." I wonder what evidence they have for making this statement? In a paper published by Hughes and Rumore as long ago as 1944,[1] the authors commented "The incidence of this condition cannot be estimated." None the less, among the 280 cadavers examined by them two cases of partial anomalous pulmonary venous connection were found, giving an incidence of 0·7%. They also pointed out that Adachi had found an exactly similar incidence in 1933.

The final point of this paper is that "no trustworthy estimation can be made of the incidence of anomalous pulmonary veins." However, their experience would suggest that they are not as uncommon as Dr Stewart and his colleagues suggest. It is also of interest that their second patient had azygos continuation of the inferior vena cava. This should raise the suspicion of left atrial isomerism (polysplenia). Do the authors have any information about the atrial arrangement in this patient? Surely this important condition should be listed among the associated lesions mentioned by the authors?

ROBERT H ANDERSON
Cardiothoracic Institute and Brompton Hospital
London SW3 6HP

[1] Hughes CW, Rumore PC. Anomalous pulmonary veins. *Arch Pathol* 1944;**37**:364–6.

***This letter was sent to Dr Stewart, who replies below.

SIR,—We thank Professor Anderson for his interesting comments. There is indirect evidence about the rarity of partial anomalous pulmonary venous connection with intact atrial septum. We perform approximately 1300 cardiac catheterisations per annum at this institution and have seen this lesion only four times since 1970. During the same time interval we have corrected 111 atrial septal defects with partial anomalous pulmonary venous connection. It is interesting to note that in the combined experience of the Johns Hopkins Hospital and Massachusetts General Hospital there have been only eight reported cases, most in association with mitral valvular disease. However, as we stated in the article, "a single anomalous vein with an intact atrial septum is probably clinically unimportant and may account for the rarity of *reported* cases." Inherent bias clouds all necropsy and cardiac catheterisation series, and we would strongly concur with Hughes and Rumore that no accurate estimation of the incidence of this lesion can be proposed.

We have no further information about the atrial arrangement of the patient with azygos continuation of the inferior vena cava, but agree that it is possible that he did indeed have left atrial isomerism. We are grateful to Professor Anderson for pointing out this omission.

JAMES R STEWART
Department of Surgery
Johns Hopkins Hospital
Baltimore, Maryland, USA

Thorax: first published as 10.1136/thx.39.5.399 on 1 May 1984. Downloaded from http://thorax.bmj.com/ on April 19, 2024 by guest. Protected by copyright.