



What's hot that the other lot got

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STATINS IN PNEUMONIA

Statins are known to have anti-inflammatory and immunomodulatory effects. Retrospective studies have suggested a benefit in community-acquired pneumonia. This prospective study (*Clin Infect Dis* doi:10.1093/cid/ciw174) enrolled a total of 2016 patients, 483 (24%) were statin users, 1533 (76%) were not. The primary outcome was length of hospital stay (LOS) with mortality a secondary outcome. No statistical difference was found between LOS and mortality in the two groups, even when stratified for pneumonia severity. The authors conclude that there is no evidence of benefit for statin users.

ENDOBONCHIAL COILS IN SEVERE EMPHYSEMA

This randomised clinical trial (*JAMA* 2016;315:2178–89) included 315 patients with emphysema and severe air trapping, recruited from multiple centres in the USA and Europe. Patients were randomly assigned to continued usual care alone (157) versus usual care plus bilateral coil treatment (158). Coil treatment involved two treatments four months apart with 10–14 coils placed in a single lobe of each lung. Primary outcome was the difference in a 6 min walk test between baseline and 12 months of follow-up. Secondary endpoints included change in FEV₁. The 6 min walk distance improved by 10.3 m in the coil group versus –7.6 m in the control group (p=0.2); the between group difference in FEV₁ was 7% favouring the coil group. Complications were greater in the coil group, with a major complication of 34.8% vs 19.1% (including pneumonia 20% coil vs 4.5% usual care, and pneumothorax 9.7% coil vs 0.6% usual care). The authors conclude that any benefit from coil treatment was modest and of uncertain clinical significance with a higher likelihood of complications.

SHORTER HOSPITAL STAYS WITH RIVAROXABAN

A study to keep the bed manager happy. This retrospective study (*Lung*, doi:10.1007/

s00408-016-9898-8) compared LOS among patients with confirmed venous thromboembolism within 24 h of admission. They compared patients treated with warfarin, rivaroxaban, enoxaparin and finally warfarin with enoxaparin. The study included 414 consecutively admitted patients. LOS was shorter in the rivaroxaban group compared with warfarin (3.5 vs 7 days, p<0.001). There was no difference compared with enoxaparin alone or enoxaparin with warfarin (3 and 4 days). Readmission and bleeding rates were no different among the anticoagulants during the 6 months of follow-up.

RIVAROXABAN IN MALIGNANCY

Not only can people have a shorter hospital stay with rivaroxaban, but it may also be safe and effective in patients with malignancy. This study (*Am J Med* 2016;129:615–19) prospectively followed patients started on rivaroxaban. In total, 296 patients were enrolled with 118 (40%) having malignancy. The most common cancer primaries were genitourinary (23.6%), gastrointestinal (20.3%) and lung (13.5%). There was no difference in venous thromboembolism recurrence in the malignant (3.3%) and non-malignant (2.8%) groups (p=0.53). There were borderline higher rates of major (p=0.6) and non-major bleeding rates in the malignant group (p=0.8). The authors conclude that real world safety and efficacy is similar in malignant and non-malignant groups.

EPIDERMAL GROWTH FACTOR RECEPTOR TYROSINE KINASE INHIBITORS PREVENT RECURRENCE OF MALIGNANT PLEURAL EFFUSION

This observational cohort study (*Curr Drug Discov Technol* 2016) reports the likelihood of malignant pleural effusion re-accumulation after initial drainage in patients with lung adenocarcinoma and epidermal growth factor receptor (EGFR) mutation treated with tyrosine kinase inhibitors (TKI) and those treated with TKIs and pleurodesis. Thirty-four patients were followed and all had EGFR mutation and were treated with TKIs. All had malignant pleural effusion at presentation with 20

treated with initial drainage only and 14 treated with talc pleurodesis. Time taken to pleural fluid reaccumulation without talc pleurodesis was 9.9 vs 11.7 months (p=0.59). Further work is required to determine the role of early talc pleurodesis in patients with EGFR-mutated adenocarcinoma treated with TKIs.

NEBULISED AMPHOTERICIN IN ALLERGIC BRONCHOPULMONARY ASPERGILLOSIS

A pilot study was conducted (*J Asthma* 2016;53:517–24) to assess the effect of nebulised amphotericin (NAB) and budesonide (NEB) in allergic bronchopulmonary aspergillosis (ABPA) versus NEB alone. The primary outcome was time to first exacerbation of ABPA. Twenty-one subjects were enrolled. There was no significant difference in time to first exacerbation in the two groups. However, over the year the number of exacerbations was significantly different in the two groups: 1/12 (8.3%) in the NAB group vs 6/9 (66%) in the NEB group. There was no difference in FEV₁, IgE levels and adverse events between the two groups. The authors conclude that NAB may be beneficial in ABPA but larger studies are required.

ADJUVANT CORTICOSTEROIDS IN INFLUENZA A VIRAL PNEUMONIA

This Chinese case control study (*Crit Care Med* 2016;44:e318–28) assessed the impact of adjuvant corticosteroids on hospitalised patients with influenza A viral pneumonia. A total of 288 patients were included with a median age of 58. A total of 204 patients (70%) were treated with corticosteroids. Corticosteroids were administered within 7 days with a median treatment course of 7 days and doses ranged from 40 to 120 mg of methylprednisolone daily. Analysis demonstrated a significantly higher 60-day mortality in the corticosteroid group, largely in those receiving higher doses. The use of corticosteroids, therefore, is not recommended.

Competing interests None declared.

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