

Assisted Cough, Abdominal Compression, and Severe Kyphoscoliosis

To the Editor: We have seen that the authors of the letter to the editor of *Archivos de Bronconeumología* entitled “Lung Collapse by Hiatal Hernia Secondary to Manual Abdominal Compression”¹ cite a book chapter of ours² in order to support the possible usefulness of abdominal compression in manually assisted cough maneuvers in “patients with mainly neuromuscular disease whose cough is inadequate for removing bronchial secretions...”. We have no wish to discuss the general content of the letter, but rather express our disagreement with the interpretation of a part of what we wrote in the book on pulmonary rehabilitation:

1. In the chapter, in which we discussed manually assisted coughing, after describing certain basic points regarding the process we stated, “the caretaker presses his/her hands on the patient’s chest, abdomen, or both...”. The text clearly shows that our intention was not to discuss abdominal compression per se (or thoracic compression or thoracoabdominal compression per se) in isolation. Rather, we presented it as part of a larger procedure requiring certain conditions in order to be useful (or not to be harmful).

2. A little further on in the chapter we stated that manually assisted coughing “is generally ineffective in patients with severe kyphoscoliosis...”. The authors of the letter, however, do not take into account this qualifying statement (which to us is quite important), yet cite us in the context of a case in which abdominal pressure is used on a patient who “developed severe kyphoscoliosis” as a sequela of tetraparesis.

The present letter is to cordially state our position regarding the interpretation of our words by Noray Malgrat et al.¹

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