Consequently, the importance of integrated smoking cessation programs is crucial. Having quit smoking can propel the proliferation of carcinogenic cell lines, promote angiogenesis, and strengthen the resistance to apoptosis (cell death) induced by chemotherapy. Another subject that is worthy of mention is that the persistence in smoking during chemotherapy and radiotherapy causes more complications in smokers than in non-smokers. Tobacco can diminish the response to chemotherapy and affect pharmacokinetics and the toxicity profile of some drugs.

Given the prevalence of lung cancer patients who keep on smoking and the notorious benefits of quitting, it would be necessary to develop and offer complete support and integral smoking treatment aimed at the specific needs of this group of patients. The intensive and long-term programs that entail advice, behavioral therapy, pharmacological therapy, and an extensive follow-up are highly effective, cost-efficient, and a decisive component of quality of lung cancer patient treatment and care.

References

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Severe Respiratory Failure Secondary to a Ventriculo-Pleural Shunt

Dear Editor:

Hydrothorax is the abnormal dilatation of the ventricular system of the brain due to the accumulation of cerebrospinal fluid (CSF). There are various methods for shunting CSF from the central nervous system to other cavities with absorptive capacity, the most widely used of these being the ventriculo-peritoneal (VP) shunt. Under certain circumstances, this type of shunt placement is unavoidably or contraindicated: infections, previous surgeries that could favor the development of brevities, thrombosis or obliteration of the drainage system. In such cases, ventriculo-pleural (VPL) shunts are a simple, safe alternative. This technique, however, is not free of complications.

We present the case of a 59-year-old woman with a history of normal-pressure hydrocephalus requiring treatment with VP shunting. Eight years later, the patient underwent abdominal surgery due to acute perforated diverticulitis. The post-surgery evolution was torpid, with episodes of repetitive meningitis and a nasal CSF fistula. Given the said complications and the previous abdominal surgery, a decision was made to place a programmable VPL shunt. After a few months, the patient was admitted to the ICU due to progressive respiratory failure, even at rest, with criteria for severity. Upon auscultation, the patient presented diminished vesicular murmur in the right hemithorax, and chest radiography revealed a massive right pleural effusion (Fig. 1). Thoracocentesis was performed and an intrathoracic drain tube was inserted. The liquid presented biochemical characteristics compatible with hydrothorax. After increasing the pressure of the valve aperture and the evacuation of the effusion, the later evolution was satisfactory.

Since the description of VPL shunting by Heile in 1914, this technique has been a useful alternative to VP shunts, which today is still the method of choice. CSF can be directed towards different cavities, such as the peritoneal, atrial and pleural. Important groups of complications have been reported: mechanical (obstruction of the catheter, migration or rupture), functional (due to poor CSF absorption) and infectious (with an incidence of 8%–12% in the first 6 months). Ventriculo-atrial shunts have fallen into disuse because of thromboembolic complications (pulmonary, intracardiac, venous) and infections (thrombophlebitis, septic emboli, nephritis). Thus, the use of VPL shunts is a simple, useful option, although it is not complication-free. Initially, its use was...