tip. This device is attached to the torque wrench and used to screw in the titanium abutment screw, a step phase in this type of surgery. For safety purposes, these tips have a rotating crown which allows the screw to be turned, and is furnished with a small hole, as can be seen in the image, into which dental floss is introduced to prevent it falling and being aspirated (Fig. 1).

Our experience prompts us to make some comments. The methods of extraction in each of our 3 cases were very different, and the procedure depended basically on the degree of collaboration of the patient, and either flexible or rigid bronchoscopy was used to the same effect. We would advise an initial attempt with the former, as it is much more accessible in our hospital setting. However, any difficulty encountered during this procedure can be easily overcome with the use of rigid bronchoscopy. We were asked to provide 2 of the extracted pieces, which were presented as evidence in subsequent legal claims. Thus, we highlight the need for prevention of accidents of this kind, in view of their frequent occurrence, potential severity, and medical and legal implications.

References

Francisco M. Páez Codesso,* Antonio Dorado Galindo, Gracia Eugenia González Angulo
Servicio de Neumología, Hospital Regional Carlos Haya, Málaga, Spain
* Corresponding author.
E-mail address: broncoscopia.hch.sspa@juntadeandalucia.es (F.M. Páez Codesso).

Table 1
Summary of Families Studied

<table>
<thead>
<tr>
<th>Family</th>
<th>No. of Index Cases</th>
<th>No. of Family Members Studied</th>
<th>No. of Healthy Heterozygous Family Members</th>
<th>No. of Homozygous Family Members Without PVOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family 1</td>
<td>3</td>
<td>12</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Family 2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Family 3</td>
<td>4</td>
<td>13</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Family 4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family 5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Family 6</td>
<td>3</td>
<td>28</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Family 7</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Family 8</td>
<td>0</td>
<td>8</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Family 9</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Family 10</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td>67</td>
<td>40</td>
<td>2</td>
</tr>
</tbody>
</table>

PVOD: pulmonary veno-occlusive disease.
Funding

Cardiovascular Research Network (RIC) of the Instituto de Salud Carlos III, the Spanish Pulmonary Hypertension Association, Actelion and the Fundación Air Liquide.

References


Paula Navas, a,b,c Jose Julián Rodriguez Reguero, c Pilar Escribano Subías d

a Servicio de Cardiología, Hospital Universitario Gregorio Marañón, Madrid, Spain
b Red de investigación Cardiovascular, Instituto de Salud Carlos III, Madrid, Spain
c Servicio de Cardiología, Hospital Central de Asturias, Oviedo, Asturias, Spain
d Unidad Multidisciplinar de Hipertensión Pulmonar, Servicio de Cardiología, Hospital Universitario Doce de Octubre, Red de investigación Cardiovascular, Instituto de Salud Carlos III, Madrid, Spain

* Corresponding author.
E-mail address: paulanavastejedor@gmail.com (P. Navas).

Hypersensitivity Pneumonitis as a Complication of Intravesical BCG Therapy for Bladder Cancer?

Neumonitis por hipersensibilidad como complicación del tratamiento con BCG intravesical por carcinoma de vejiga

To the Editor,

Hypersensitivity pneumonitis (HP) or extrinsic allergic alveolitis is a pulmonary interstitial disease mainly caused by sensitization to a variety of inhaled organic particles. The airborne antigens which most commonly lead to the development of this hypersensitivity reaction are thermophiles, molds, and avian antigens. However, some cases caused by non-inhaled medications have also been reported, including exposure to bacillus Calmette-Guérin (BCG) in the treatment of urothelial bladder carcinoma, such as the one we describe here.

A 73-year-old man, former smoker (accumulated consumption of 30 pack-years), arterial hypertension, with no known drug allergies. He did not report any occupational or environmental exposure to birds, feathers or other organic substances. He had been diagnosed 3 months previously with superficial papillary urothelial carcinoma and was receiving treatment with intravesical BCG. He was admitted with a 10-day history of acute clinical symptoms, consisting of general malaise, deterioration, and fever 39 °C, coinciding with the eighth instillation of BCG. Clinical laboratory results showed leukocytes 11 900 (neutrophils 81%), C-reactive protein 87 mg/dl, and elevated liver function markers (GGT and AP). Tumor markers and angiotensin converting enzyme were normal. Cultures of sputum, urine, bronchoalveolar lavage (BAL), and blood, including Löwenstein-Jensen medium, were negative, as were pneumococcal and Legionella urinary antigen testing. Immunoglobulins (Ig) G and M were normal. Serum IgG (precipitins) for molds, birds, and feathers were negative. Chest HRCT revealed a ground glass pattern in both upper lobes, small centrilobular nodules, and consolidations in the lung bases (Fig. 1(A)). Cell distribution in BAL was: alveolar macrophages 44% and lymphocytes 56%. Flow cytometry immunophenotyping of the lymphocyte

Fig. 1. (A) Chest HRCT. Pulmonary parenchymal window shows a ground glass pattern and small centrilobular nodules in both lung fields. (B) Western blot. Lane 1 shows the serum of an asymptomatic individual receiving BCG; lanes 2, 3, and 4 show the index case after 3, 7, and 51 of corticosteroid therapy. Lane 5 shows the serum of an individual with a history of tuberculosis, and lane 6 is that of a healthy control. The arrow indicates a single band (specific anti-BCG antibodies), (C) Double immunodiffusion of sera 1 and 2. Arrows indicate precipitation bands.

Please cite this article as: Carrasco Hernández L, Castañón Núñez ÁL, Rodríguez Portal JA. Neumonitis por hiperesensibilidad como complicación del tratamiento con BCG intravesical por carcinoma de vejiga. Arch Bronconeumol. 2016;52:445–446.