The presence of systemic embolisms has been frequently noted in reviews of atrial myxoma. Our case is exceptional in that the myxoma manifested as PTE without associated DVT. We believe that this may be the consequence of various concomitant risk factors: hypercoagulability derived from the myxoma, thrombophilia, concomitant infection, and obstruction of the blood flow by the tumor which may promote the presence of “in situ” thrombi in the pulmonary circulation.

References


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Pneumothorax due to Radiofrequency Ablation for Post-Herpetic Neuralgia

Neumotórax secundario a ablación por radiofrecuencia de neuralgia postherpética

To the Editor,

Postherpetic neuralgia is the most common late complication of herpes zoster, and occurs in 9%–19% of patients. It is caused by nerve damage in the area affected by the virus and is defined as persistent pain longer than 3 months after resolution of the characteristic vesicular rash. The main clinical problem is persistent pain that interferes with the patient’s daily activities. The chest region (dermatomes T1 to T12) is the area most commonly affected by postherpetic neuralgia, with an incidence of up to 50%. Various treatments have been proposed including drugs, botulinum toxin injections, nerve blocks, peripheral nerve stimulation, surgical intervention, pulsed radiofrequency treatment, and radiofrequency ablation.

Given the scarcity of published scientific evidence for iatrogenic pneumothorax following the use of conventional radiofrequency, we present the case of a 62-year-old woman, with no toxic habits, diagnosed with fibromyalgia and osteoporosis, who developed postherpetic neuralgia as a late complication of thoracic herpes zoster infection in 2011. She had been monitored by the pain unit since 2012, and had received several treatments without success, including nerve block with local anaesthetics and steroids in 2015. In April 2016, she began treatment with conventional intercostal radiofrequency, involving stimulation of the painful area above the right 9th intercostal space at 80° for 90 s, without complications. A second incident-free radiofrequency session was conducted 12 weeks later, followed in December by a third conventional radiofrequency session at the 5th intercostal space. During this last session, the patient developed dyspnea, tachycardia 110 bpm, and hypotension, so an emergency chest X-ray was performed, showing right pneumothorax (Fig. 1). A chest tube was placed, after which complete reexpansion of the right lung was observed. The patient was discharged from the pulmonology department 48 h after the procedure without complications.

Postherpetic neuralgia generally responds to drug therapy, and this should be used before any other intervention is attempted. Refractory cases can be treated with minimally invasive, though not entirely risk-free procedures such as nerve block, after which 0.09% of patients develop pneumothorax, a figure that rises to 0.42% if all patients are routinely given a chest X-ray. However, pneumothorax is not a common complication of radiofrequency techniques: no events were reported in larger series of up to 96 patients undergoing this treatment for postherpetic neuralgia.

Radiofrequency is a minimally invasive intervention for the management of chronic pain, and its use in chronic pain units has been increasing in recent years.

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Fig. 1. Echocardiography showing a large mass in the left atrium (6.3×3.2 cm) in diastole protruding into the left ventricle.
Tuberculosis infection (TB) is a global public health issue. The World Health Organization (WHO) estimates that there were 10 million new cases and 1.5 million deaths from TB in 2018. In this study, we aimed to measure the resistance to isoniazid (INH) and determine the treatment outcomes of new TB cases in the city of Málaga, Spain.

Methods
We employed the Drug Susceptibility Test (DST) method for mycobacterium tuberculosis (MTB) detection. The DST was performed using the Middlebrook 7H10 agar plate method with isoniazid (INH) at a concentration of 500 μg/mL. The drug resistance was determined by the proportion of the drug-resistant MTB in the sample.

Results
In the study, we found that 20% of the new TB cases in Málaga were resistant to INH. The treatment outcomes for these cases were not satisfactory, with a 40% cure rate and a 20% failure rate. The factors associated with INH resistance were identified and included a history of TB treatment, age, and smoking status.

Conclusions
INH resistance is a significant problem in TB treatment. Clinicians in Málaga should be aware of the high rate of INH resistance and adjust their treatment regimens accordingly. Further research is needed to understand the underlying mechanisms of INH resistance and develop new strategies to combat TB.

References