

LETTERS TO THE EDITOR

First, the authors point out that abdominal compression maneuvers are not isolated techniques in and of themselves but should be considered exclusively in situations in which they enhance maximum insufflation capacity maneuvers, using either a manual resuscitator (Ambú) or a mechanical ventilator. On this point, the cited chapter² stated that “for patients with a forced vital capacity less than 1.5 L, it is recommended to increase the effectiveness of the cough surge by effecting maximum insufflation capacity by...” (p. 270). This means that, although perhaps we should have qualified the sentence that has given rise to the present disagreement (by adding “in the context of maximum capacity insufflation maneuvers”), in fact there will be very few patients with a forced vital capacity greater than 1.5 L who have problems in removing secretions and who do not require such maneuvers, as attested to by the authors themselves. Furthermore, in the case of our patient, we confined ourselves to describing a complication caused by a technique that the caregivers had been using for many years with no directive from or supervision by a respiratory medicine specialist. As was also made clear in our letter, once the complication resolved, a manual resuscitator was thereafter used for hyperinflation maneuvers, as recommended for such situations.

Secondly, we did point out that manually assisted coughing is ineffective in patients with severe kyphoscoliosis. The controversial sentence appeared in the introduction to our case report and clearly referred to “mainly

neuromuscular disease.” At any rate, apart from our patient’s slowly progressing kyphoscoliosis, the fundamental problem was undeniably neuromuscular, involving the expiratory muscles and therefore the compressive and expulsive phases of coughing. Furthermore, to document the usefulness of the maneuvers in our patient’s case in particular, peak expiratory cough flows with maximum insufflation capacity were measured both with and without additional manual assistance. The difference between the peaks was approximately 20%.

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Authors’ Reply

To the Editor: We would like to express our sincere appreciation for the interest of Dr Sancho and colleagues in our recently published letter¹ and explain our point of view regarding its content.

1. Noray Malgrat M, Mateu G, Luján M. Colapso pulmonar por hernia hialal secundaria a maniobras de compresión abdominal. Arch Bronconeumol. 2007;43:53.
2. Sancho J, Servera E, Zafra MJ. Rehabilitación respiratoria en las enfermedades neuromusculares. In: Güell R, De Lucas P, eds. Tratado de rehabilitación respiratoria. Barcelona: Ars Médica; 2005. p. 270-1.