

LETTERS TO THE EDITOR

in our description of patients with pleural mesothelioma.¹ Mesothelioma is known to be one of the main causes of false positive findings of adenosine deaminase (ADA), as occurs in the spread of other tumors to the pleura, particularly those that are blood-borne.² Because we find assessment of interferon gamma to be of greater clinical usefulness than ADA analysis,^{3,4} we use it routinely for diagnosing patients with pleural effusion.⁵

We do in fact have the data requested by García Pachón and colleagues. ADA was assessed in pleural fluid by the method which uses nicotinamide adenine dinucleotide (NADH) in reduced form as the substrate, adapted to a Hitachi 717, in the first 10 consecutive patients in the series (17% of those with pleural effusion).³ The ADA concentration was less than 33 IU/L, a level we considered more useful for arriving at a diagnosis of tuberculosis.³ Therefore, we can say that in this series of 10 patients the number of false positives for ADA was not as great as has been reported elsewhere for patients with pleural mesothelioma.

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Mesothelioma and Pleural Adenosine Deaminase

To the editor:

We appreciate the interest García Pachón and colleagues (previous letter) have expressed

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3. Villena V, Navarro Golzálvez JA, García Benayas C, Manzanos JA, Echave J, López Encuentra A, et al. Rapid automated determination of adenosine deaminase and lysozyme for differentiating tuberculous and nontuberculous pleural effusions. *Clin Chem.* 1996;42:218-21.
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5. Villena V, López Encuentra A, Echave-Sustaeta J, Álvarez Martínez C, Martín Escribano P. Estudio prospectivo de 1.000 pacientes consecutivos con derrame pleural. Etiología del derrame y características de los pacientes. *Arch Bronconeumol.* 2002;38:21-6.