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Letters to the Editor

## The New A/H1N1 Influenza: a Pandemic With a Great Many Protagonists

### *La nueva gripe A/H1N1: una pandemia con un sinfín de protagonistas*

To the Editor:

We have read with great attention the editorial by Pérez-Padilla and Torre-Bouscoulet, recently published in *Bronconeumología*. Although we understand that your magazine specialises in respiratory illnesses, and taking into account that the article in question provides an excellent description of the measures implemented in Mexico City during the first weeks of the pandemic, we could not help but notice that the authors emphasise, in our opinion excessively, the central role of pulmonologists in the control and treatment of said pandemic. We sincerely believe that these situations often arise through an understandable desire to obtain prestige. Along these lines, recently a group of authors, also Mexican, highlighted the role of emergency services in Mexico City in the first days after the breakout took place.<sup>2</sup> It is unquestionable that influenza has always proven a great challenge to medicine<sup>3</sup> and, therefore, pulmonologists as well as emergency doctors, infectious disease specialists, epidemiologists, microbiologists, internists, intensive doctors, and general practitioners, to mention only some of the specialists involved in treating these patients, are going to have a great deal to say and do in the upcoming months.<sup>4,5</sup> Multidisciplinary work is the base of modern medicine, and all who participate in patient care should be duly recognised. This is the only way possible to make advancements, not only in medical care, but also in research of the

processes and illnesses that the medical profession faces on a daily basis. An example of this cooperation is evident in case descriptions of the first A/H1N1 influenza cases treated in Spain, the publication of which was made possible by contributions from various medical specialties.<sup>6</sup> If the worst case scenario occurs, even if only in terms of an increase in medical care demand in the next winter immunization programme, there will be work and prestige for all.

### References

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## Effectiveness of Bosentan in the Management of Latin American Patients Diagnosed With Pulmonary Arterial Hypertension

### *Efectividad del bosentan en el manejo de pacientes latinoamericanos con diagnóstico de hipertensión arterial pulmonar*

To the Editor:

Pulmonary arterial hypertension (PAH) is a severe disease with several etiologies and common pathophysiological mechanisms.<sup>1</sup> Various pharmacologic options have been proposed, although they have considerable disadvantages.<sup>2</sup> Bosentan, an endothelin-1 receptor antagonist, has shown functional improvement in patients diagnosed with PAH, although its effect on hemodynamic parameters is more discreet.<sup>3</sup>

We report on a series of 6 Latin American females diagnosed with severe PAH treated with bosentan and followed for up to 16 months (mean, 10.8 months). At 12 weeks, a considerable improvement was observed in the 6-minute walk test result (321.25 m [baseline] vs 428.25 m), and this trend was maintained over time (490 m at 7 months). A significantly decreased functional class (modified New York Heart Association) was observed at 3 and 7 months (classes II and III, respectively, vs class IV [baseline]). No patients were admitted due to right heart failure or syncope, and no patients died during follow-up or experienced increased transaminase levels (Table). Neither tricuspid insufficiency nor systolic pulmonary pressure measured by echocardiography changed remarkably.

To our knowledge, this case report is the first published experience with Latin American patients. The improved functional parameters and the modest change in hemodynamic data are similar to previously published findings in other populations.<sup>4</sup>