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Pedro M. Rodríguez Suárez,* Mohamed Hussein Serhal, Jorge L. Freixinet Gilart

Servicio de Cirugía Torácica, Hospital Universitario de Gran Canaria Dr. Negrín, Las Palmas de Gran Canaria, Spain

*Corresponding Author.
E-mail address: prosu2001@yahoo.es (P.M. Rodríguez Suárez).

Inflammatory Tracheal Pseudomembrane☆

Seudomembrana traqueal inflamatoria

To the Editor:

We read with great interest the recent article from Crespo-Lessmann and Torrego-Fernández in which they present a patient with obstructive inflammatory tracheal pseudomembrane (in the form of a tracheal septum) secondary to repeated endotracheal intubations. In their article, the authors describe the complete resolution of the process with respiratory physiotherapy and the administration of anti-inflammatories (glucocorticoids).[1]

Obstructive fibrinous pseudomembrane is a rare condition, but probably more common than reported in the literature. It originates from ischemia of the tracheal mucosa, usually due to iatrogenesis, inducing the production of growth factors and abnormal regeneration.[2] This results in the formation of a fibrous membrane that partially obliterates, and in some cases, even totally obstructs the tracheal lumen.[3] As the authors indicate, these acquired inflammatory lesions can resolve spontaneously after a certain length of time. However, the central airway is frequently compromised and urgent endotracheal intervention is required.

We report here our experience with a 69-year-old male non-smoker who had undergone surgery for herniated disc in the lumbar spine, requiring general anesthesia and orotracheal intubation. The procedure was carried out with the patient in the prone position, thus increasing endotracheal tube cuff pressure. During the immediate post-surgical period, the patient suffered respiratory arrest and was reintubated. A flexible bronchoscopy was performed, revealing a partially detached circumferential fibrinous pseudomembrane causing stenosis of the entire upper third of the tracheal lumen (Fig. 1A). A fragment of approximately 2 cm that was acting as a valve and may have caused the patient's respiratory arrest was removed with the biopsy forceps during the same procedure. To gain better control of the airway after extraction of the pseudomembrane a rigid bronchoscopy was performed, during which the tracheal lesion was extracted en bloc using the bevel of the tracheoscope (EFER-DUMON® caliber 14 mm) (Fig. 1B). The patient subsequently progressed favorably and could be extubated a few hours later (Fig. 1C). In the case presented by Crespo-Lessmann and Torrego-Fernández,[1] the tracheal septum may have originally been a fragment of circumferential pseudomembrane. In their case, the evolving nature of the condition and the clinical picture could have permitted conservative treatment.

Obstructive tracheal pseudomembrane, therefore, must be diagnosed with endoscopy as soon as possible after clinical suspicion has been aroused. Endoscopic monitoring would be advisable in patients who have required prolonged or repeated endotracheal intubations. Since severe respiratory complications are common, therapeutic endoscopy is required in the majority of the cases

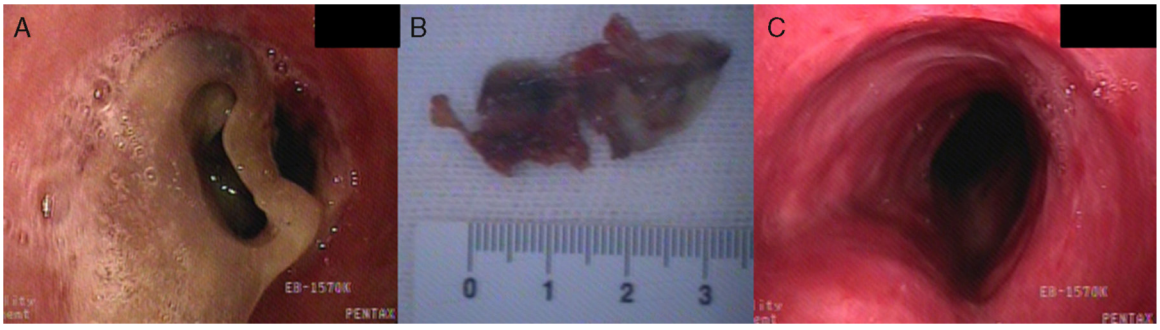

Fig. 1. (A) Circumferential fibrinous pseudomembrane. (B) Tracheal lesion. (C) Patient extubation.

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reported in the literature.[4,5] A conservative approach is only an option in carefully selected patients, and even these patients must be very closely monitored (Fig. 1).

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Maria del Sol Arenas-de Larriva,* Javier Cosano-Povedano, Andrés Cosano-Povedano

Unidad de Broncoscopias, Servicio de Neumología, Hospital Universitario Reina Sofía, Córdoba, Spain

*Corresponding author.
E-mail address: arlam23@hotmail.com (M.S. Arenas-de Larriva).

A Comparison of the Impact Factor and the *SCImago Journal Rank* Index in Respiratory System Journals☆

Comparación del factor de impacto y el índice SCImago Journal Rank *en las revistas del sistema respiratorio*

To the Editor:

The systematic use of bibliometric indicators in the evaluation of research has given rise to the publication of in-depth studies on the advantages and disadvantages of each of these indicators. The most widely used indicator, the impact factor (IF),[1] has been frequently criticized for its many limitations, such as inclusion of citations of articles that are not included in the denominator of the calculation formula (editorials, letters, etc.), an analysis period of only 2 years, the inclusion of self-citations and the lack of evaluation of the quality of the origin of the citation or the risk of manipulation, among others.[2–5]

A recently proposed new parameter, the *SCImago Journal Rank* (SJR) index, has been readily accepted and adopted. It uses for its calculations citations from the Scopus database (Elsevier).[2] The SJR corrects many of the factors criticized in the IF,[2] since it includes more journals, covers a longer period for including citations (3 years), and limits self-citations. More importantly, it weighs citations according to the importance of the journal where they were published, using an algorithm similar to that of *Google PageRank®*.

To compare the results of both indexes (IF and SJR) in specialized respiratory system journals, the values for 2012 were analyzed. The journals are listed under the category *Respiratory System* of the *Journal Citation Reports®* for the IF calculation and under the category *Pulmonary and Respiratory Medicine* of *SCImago* for the calculation of the new index. These indexes were obtained from the official websites of the *Web of Science* (at http://www.accesowok.fecyt.es/), which includes the *Journal Citation Reports®*, and the *SCImago Journal & Country Rank* (http://www.scimagojr.com/). The

Table 1
Respiratory System Journals With the Highest Score on the *SCImago Journal Rank* and the Corresponding Impact Factor Value.

Order number	Title	SJR	Impact factor (order number according to the IF)
1	*American Journal of Respiratory and Critical Care Medicine*	4.892	11.041 (1)
2	*Thorax*	2.742	8.376 (2)
3	*European Respiratory Journal*	2.433	6.355 (3)
4	*Journal of Heart and Lung Transplantation*	2.221	5.112 (5)
5	*Chest*	2.031	5.854 (4)
6	*American Journal of Respiratory Cell and Molecular Biology*	1.907	4.148 (7)
7	*Journal of Thoracic Oncology*	1.766	4.473 (6)
8	*Journal of Thoracic and Cardiovascular Surgery*	1.730	3.526 (9)
9	*American Journal of Physiology – Lung Cellular and Molecular Physiology*	1.613	3.523 (10)
10	*Proceedings of the American Thoracic Society*	1.503	([a])
11	*Respiratory Research*	1.502	3.642 (8)
12	*International Journal of Tuberculosis and Lung Disease*	1.340	2.610 (23)
13	*European Journal of Cardiothoracic Surgery*	1.326	2.674 (21)
14	*COPD: Journal of Chronic Obstructive Pulmonary Disease*	1.151	2.310 (28)
15	*European Respiratory Review*	1.068	([a])
16	*Current Opinion in Pulmonary Medicine*	1.061	3.119 (13)
17	*Respiratory Medicine*	1.055	2.585 (24)
18	*BMC Pulmonary Medicine*	1.048	2.760 (19)
19	*Clinical Lung Cancer*	1.015	2.038 ([b])
20	*Sarcoidosis Vasculitis and Diffuse Lung Diseases*	1.014	1.625 (37)

SJR, SCImago Journal Rank; IF, impact factor.
[a] Journals without impact factor.
[b] Journal with impact factor in another category.

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