

2014 GesEPOC and Systemic Steroids in Chronic Obstructive Pulmonary Disease (COPD) Exacerbation: An Update[☆]



Actualización de GesEPOC 2014 y corticoides sistémicos en la agudización de enfermedad pulmonar obstructiva crónica (EPOC)

To the Editor,

We have read the latest version of the Spanish guidelines on COPD (GesEPOC), published recently (January 2014) in Archivos de Bronconeumología.¹ When the AUDIEPOC study was published in July 2012, we observed that there was little homogeneity in the management of COPD exacerbation at the national level.² A more rigorous review of the published data revealed that this variability also exists in the use of systemic corticosteroids during exacerbations. In the 2014 update, GesEPOC clinical guidelines propose a change in systemic corticosteroid treatment during exacerbations. Thus, the original version recommended a short course of 7–10 days,³ while in the 2014 update, the guidelines support the use of “short 5-day courses for [...] exacerbations that do not require hospitalization”.

We believe that this change is based essentially on data from the REDUCE clinical trial,⁴ which compared treatment with a short 5-day course of 40 mg of prednisone versus a 14-day course during exacerbations. The trial showed a similar reexacerbation rate, with the advantage of lower exposure to corticosteroids and very similar findings as regards outcomes (hospital stay and deaths).

We agree that exacerbations can be managed with lower doses and shorter treatment times than those used in routine clinical practice. At the same time, we consider that this conclusion, currently limited by the guidelines to outpatients, could also be extended to some patients with more severe exacerbations who require hospital admission. In the REDUCE clinical trial, of the 314 patients who attended the Emergency Department (311 evaluated) and were randomized to receive a short or long corticosteroid regimen, 289 (92%) patients were admitted to hospital. The groups

[☆] Please cite this article as: Marcos PJ, Huerta A, Márquez-Martín E. Actualización de GesEPOC 2014 y corticoides sistémicos en la agudización de enfermedad pulmonar obstructiva crónica (EPOC). Arch Bronconeumol. 2015;51:360.

Peripheral Intrapulmonary Lipoma: A Case Report[☆]



Lipoma intrapulmonar periférico: reporte de un caso

To the Editor,

Endobronchial pulmonary lipomas are rare, and intraparenchymal endobronchial lipomas are even more so. We report the case of a 62-year-old housewife, never-smoker, with a history of vaginitis, psoriasis, hypertension and hysterectomy. During a private health check-up, a chest X-ray revealed a radiopaque mass, 4 cm × 3 cm,

[☆] Please cite this article as: Castro Ramírez N, Cano Pazmiño F, Rivera Rivera T. Lipoma intrapulmonar periférico: reporte de un caso. Arch Bronconeumol. 2015;51:360–361.

were adequately balanced with respect to COPD severity (GOLD 2, 3 and 4 in both groups) and clinical presentation (vital signs, oxygenation on admission, leukocytosis).

The meta-analysis published by Cheng et al.⁵ also reinforces the hypothesis that lower doses of corticosteroids (30–80 mg of prednisolone for 5 days) can be safely used in inpatients with COPD exacerbation.

This meta-analysis and the REDUCE clinical trial are perhaps the only studies to support short in-hospital regimens, and further research will probably be required to confirm this in special populations (e.g. patients with persistent bronchospasm). However, we consider that GesEPOC guidelines should include this patient population, and indicate that this treatment regimen is not limited to outpatients treated for COPD exacerbation.

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with defined borders in the right lung base. She was referred to the Instituto Oncológico Nacional Dr. Juan Tanca Marengo, in Guayaquil, Ecuador. Lung auscultation revealed reduced breath sounds in the right lung base. Other physical examination parameters were normal. Hematology, biochemistry, tumor marker (CEA, CYFRA 21-1, NSE) and lung function test results were within normal values. Chest computed tomography (CT) showed a formation of soft tissues with attenuation coefficient for fat and irregular outline in the right posterior basal segment, containing a 4 cm × 3 cm macrocalcification. The patient underwent right thoracotomy, revealing a tumor in the right posterior basal section of the lung. Right lower lobectomy was performed, with no post-surgical complications. Pathology study of the sample reported intraparenchymal lipoma.

Pulmonary lipomas are thought to represent 0.1%–0.5% of all lung tumors. They occur within the bronchus and very occasionally in the lung periphery.¹ According to Watts, Clagget and MacDonald, lipomas in the lung parenchyma or below the pleura