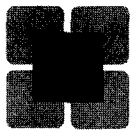

PULMONARY HYPERTENSION SECONDARY TO FIBROSING MEDIASTINITIS

■ *To the Editor:* I read the case report by Cordasco and associates (Cleve Clin J Med 1990; **57**:647–652) with great interest. The authors used steroid therapy in treating pulmonary hypertension secondary to fibrosing mediastinitis and concluded that there was no subjective or objective improvement. This study clearly repudiates previous studies in which corticosteroids have been found to be helpful. However, the practicing physician may wonder whether the treatment time was long enough to modify the natural course of mediastinal fibrosis and pulmonary hypertension. Did the authors consider modalities such as surgery to treat the obstructive consequences, and other drugs such as penicillamine, colchicine, and interferon, which can halt fibrosis?

A cautionary note about the use of anticoagulants is warranted: there has been a high frequency of hemoptysis from fragile bronchial mucosa or venous obstruction; anticoagulants may therefore cause severe pulmonary hemorrhage.

The authors failed to mention methyldopa, a drug which is well established in the etiology of retroperitoneal fibrosis.[1]

Cor pulmonale is the natural sequela to chronic pulmonary hypertension. Do the authors consider this and prescribe angiotensin-converting enzyme inhibitors and diuretics? Finally, is there any role for nicardipine or nifedipine in such clinical setting before or after surgery?

This communication is intended to seek clarification, not to criticize an otherwise excellent educational article.

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1. Ahmad S. Methyldopa and retroperitoneal fibrosis. Am Heart J 1983; **105**:1037–1038.

■ *Reply:* We thank Dr. S. Ahmad for his comments regarding our article on fibrosing mediastinitis. He is absolutely correct in stating that there is a well-documented association between retroperitoneal fibrosis and alpha methyldopa.[1–4] This association, however, was not the major thrust of our review. Mediastinal fibrosis is an inflammatory condition, and some will argue that both the dose and duration of time may have shown some physiological benefit. We admitted in our article that this was indeed a possibility. We could not find literature reporting the use of alpha interferon, colchicine, or other inflammation-modulating drugs, nor have we had experience with these agents for this condition.

Surgical options for the treatment of fibrosing mediastinitis or its complications were outlined briefly in our article. We did not feel that the patient was a candidate for surgery, at least at this time, given her stable clinical course and relatively mild degree of impairment. Treatment of primary or secondary pulmonary hypertension with vasodilators continues to evoke controversy.[5,6] We are unaware of any case reports describing use of vasodilators for treatment of pulmonary hypertension secondary to fibrosing mediastinitis.

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