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LETTER TO THE EDITOR

Sonographic diagnosis of pneumonia: it is time to trust—author's reply

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(The Editors do not hold themselves responsible for opinions expressed by correspondents)

To the Editor,

The letter written by Dr Paolo Tomà about our article¹ requires some points of clarification.

The inclusion criteria are expressly maintained as wide as possible, because the setting of our article was paediatric population that addressed to the emergency department; we are well informed that this depicts a selection bias, but our aim was to verify lung ultrasound (LUS) contribution in a real first-line scenario.

LUS is superior (vs X-ray) in recognizing minor subpleural echogenic areas; if it is credible that there is an overinterpretation of this sign as suspicious for pneumonia,² it is credible too that in the presence of clinical symptoms of pneumonia, is difficult to exclude this for certain.

We agree that indisputable discriminations between consolidations vs atelectasis is not realistic; however, many articles^{3–5} well depicted the significative LUS contributions, in association with clinical signs, to better orient the right diagnosis, with the additional contribution of adjunctive signs (for example, Fluid and dynamic bronchograms for consolidations). We agree that the role of B-lines is still under discussion; we only reported the presence/absence of them in patients who are clinical positive, but we strongly affirm that wide clinical records are necessary to clarify their role.

As Dr Tomà concluded in his article,⁶ “we emphasize that US is a central investigation in the management of paediatric pleuropulmonary infection/empyema”, we conclude in the same way that our study confirms the role of LUS in the diagnosis of pneumonia in paediatric patients as a significant tool in addition to chest X-ray and proves its feasibility in follow-up in an emergency setting; obviously, further data are required to achieve a wider experience in this setting.

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