CORRESPONDENCE

The Diagnosis and Treatment of Hemoptysis

by PD Dr. med. Harald Ittrich, Prof. Dr. med. Maximilian Bockhorn, Dr. med. Hans Klose, and Dr. med. Marcel Simon in issue 21/2017

Particularities of Goodpasture Syndrome

The article outlines the invasive therapeutic options for the treatment of hemoptysis (1). However, in my view, the peculiarities of hemoptysis treatment in Goodpasture syndrome should be at least briefly discussed (2). Although this syndrome is rare, hemoptysis is often the main acute threat to the patient's life and is an urgent indication for removal of the pathogenic anti-basement membrane antibodies by plasmapheresis. As the target antigen of the antibody (the non-collagenous domain of the alpha 3 chain of type IV collagen) is accessible both in alveolar as well as in glomerular basement membranes, and as hemoptysis can be induced in animals using anti-basement membrane antibodies (3), there should be little doubt about the pathogenetic role of the antibodies. This importance of these antibodies seems to be also demonstrated by the observation that hemoptysis sometimes stops during plasmapheresis, although of course drugs such as cyclophosphamide, prednisolone, and perhaps rituximab are indispensable for the permanent control of the clinical picture (2, 4).

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We thank the reader for his helpful comment and detailed remarks about the treatment of hemoptysis in Goodpasture syndrome. However, this is a rare cause of hemoptysis, with an incidence of 0.2%, for which reason we did not elaborate on the specific therapies in our review (1). As with other pathologies, special diseases require special therapies, as this clinical picture impressively highlights.

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