Corrections to an ATS Workshop Report on Multiple-Breath Washout Testing for Patients with Cystic Fibrosis

From the Authors:

The authors wish to correct or clarify certain conclusions contained in a Cystic Fibrosis Foundation Workshop Report entitled "Multiple-Breath Washout as a Lung Function Test in Cystic Fibrosis," which was published in the June 2015 issue of the *AnnalsATS* (1). The corrections regard use of SF₆ as a tracer gas, and limitations and certain other aspects of the Innocor Multiple Breath Washout system.

Although SF₆ is a tracer gas, most of the published studies to date have used a noncommercial mass spectrometer-based system using 4% SF₆. However, the gas concentration for the commercially available SF₆-based system (Innocor, PulmoTrace, Atlanta, GA) uses substantially reduced concentrations of SF₆. The expert group believes that the low concentration of SF₆ in the Innocor system likely makes the greenhouse effect of its use immaterial. The statement in the workshop report regarding the limited availability of the SF₆ tracer gas refers to the 4% concentration, and not to the gas supplied with the Innocor/PulmoTrace system. The U.S. Food and Drug Administration has approved Innocor using SF₆ in low concentration levels as a medical device.

Although the use of mass spectrometers that rely on 4% SF₆ cannot be recommended for clinical trials because of limited availability and cost, those commercial systems such as Innocor that use fractional quantities of SF₆ do not have these limitations, and can continue to make an important contribution in the future.

In the workshop report, observations related to Innocor refer to systems delivered in January 2011 or earlier. However, PulmoTrace (the manufacturer of the Innocor system) reports that the workshop report includes certain inaccurate information that the following features and/or capacities were unavailable in

the Innocor system at the time of the report: online analysis of data, inclusion of incentive software, published lung model functional residual capacity validation, ability to use the system for preschoolers, and availability of reimbursement code for clinical use. The expert group acknowledges that some of the listed features/capacities may have been present in the Innocor systems from January 2011 or earlier, observed by the group, and the workshop report should have reflected instead the expert group's reservations about the effectiveness of some of these features/capacities. The expert group has no opinion as to whether its reservations about these features are applicable to the Innocor product currently on the market.

Author disclosures are available with the text of this letter at www.atsjournals.org.

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Reference

- 1 Subbarao P, Milla C, Aurora P, Davies JC, Davis SD, Hall GL, Heltshe S, Latzin P, Lindblad A, Pittman JE, et al. Multiple-breath washout as a lung function test in cystic fibrosis: a Cystic Fibrosis Foundation Workshop Report. *Ann Am Thorac Soc* 2015; 12:932–939.

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Scedosporium apiospermum Mycetoma in an Immunocompetent Patient without Prior Lung Disease

To the Editor:

Here we report a case of cavitary lung infection with *Scedosporium apiospermum* in an immunocompetent patient with no apparent underlying lung disease.

Case Summary

A 51-year-old woman presented to another hospital with daily nonproductive cough and intermittent night sweats of 6 weeks' duration. She denied fever, weight loss, chest pain, or shortness of breath. She had no prior medical history, had no prior lung infections, and took no medications.

The woman emigrated from the Dominican Republic more than 30 years ago but has returned there frequently. She worked as a waitress at a hookah bar for the last 10 years. She reported smoking tobacco with a hookah pipe but denied cigarette use.

A chest radiograph showed a right upper lobe opacity. This was confirmed on computed tomographic (CT) imaging of the chest, revealing a 3.4 × 1.9-cm well-circumscribed cavitary lesion with associated dilated airways.

She underwent bronchoscopy and bronchoalveolar lavage. Initial results revealed *Haemophilus influenzae* and *Streptococcus pneumoniae* in the lavage sample. The patient was treated in the hospital with ceftriaxone and clindamycin for 10 days, followed after discharge from the hospital by 11 days of levofloxacin. Her cough and night sweats initially improved on antibiotics but returned 3 days after discontinuation, prompting presentation to our hospital.

On arrival, her vital signs were normal. Physical examination revealed a healthy-appearing woman with good dentition. The lungs were clear to auscultation and percussion. The remainder of the examination was unremarkable. Laboratory evaluation was normal, without leukocytosis, anemia, or thrombocytosis. The leukocyte differential was normal. Serum chemistry and liver function tests were normal, and an HIV test was negative.