Epitaph for an outdated procedure

Antonios Papagiannis
MD, MRCP (UK), FCCP

Pulmonologist, St Luke's Hospital,
Thessaloniki, Greece

'*The anesthetist wants you to have a look at Mr P's chest film – there is something odd about it*'.

A common enough request, particularly in elderly patients. I looked at the file: age 89, scheduled for resection of an abdominal tumor. Was there a suspicion of metastasis? Some unrelated pulmonary pathology? I picked up the film: not bad for a man approaching ninety, with the exception of the thick white line, as if drawn by chalk, encircling the left lung which appeared somewhat hazier and half the size of the right one [Picture]. I smiled and went to meet the patient.

Had I not known his age I would be fooled by his appearance. He was a respectable, well looking gentleman in neatly pressed pajamas, with silver hair and matching clipped moustache, who did not look a day over seventy. I introduced myself and told him the reason for my visit.

'Your chest film shows an archaeological finding. I would like to know about it.'

He smiled back. 'I had a pneumothorax once,' he said.

'Did you just have it or was it induced to you?' I probed. There is a difference.

'It was induced to cure the other disease,' was the anticipated answer – the people of his age do not easily mention its name.

'Around 1950?'

'Thereabouts.'

A piece of medical history was coming to light with this brief exchange. Before the advent of streptomycin and other drugs active against tuberculosis, the management of the latter included procedures aimed to heal lung cavities, which were a source of continuing infection and the cause of frequent, often profuse hemoptyses. One of the techniques used for 'resting the lung' (as it was called) was artificially induced pneumothorax. Using special equipment air was introduced into the pleural space to collapse the lung in the hope that the tuberculous focus would heal and the cavity seal. The procedure was repeated for as long as it was required. Artificial pneumoperitoneum achieved similar results. Also, several surgical procedures had been devised for the same purpose, including infusion of paraffin oil (oleothorax), insertion of lucite ping-pong sized balls, resection of the upper ribs (thoracoplasty), and unilateral resection of the phrenic nerve causing paralysis of the ipsilateral diaphragm. The broad term 'collapse therapy' described the common philosophy underlying these methods.

All these techniques were consigned in most countries to the museums of medical history with the introduction of effective antituberculosis regimens

Correspondence:
Antonios Papagiannis, MD, MRCP (UK), FCCP
Pulmonologist, St Luke's Hospital, Thessaloniki, Greece
E-mail: antpap56@otenet.gr

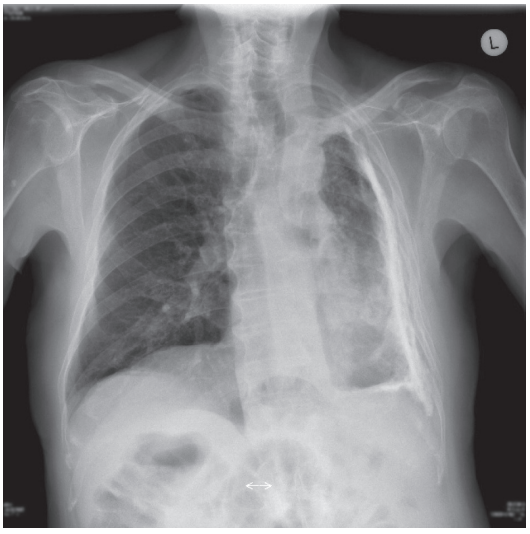

FIGURE 1.

in the 1960's. Nobody uses them since, but they still appear in the electronic list of medical examinations valid in 21st century Greece. The list also gives the official fees paid (5.22 euros for a first induction of pneumothorax, and a couple of euros for each subsequent treatment – would the Health Service approve a request for such a fee in a given patient? I was tempted to try, but resisted). They may well have played a part in arresting the disease, as evidenced by the fact that we still encounter patients who had had such procedures sixty or seventy years ago and lived a whole life without particular problems, like the gentleman before me: his clinical examination was essentially normal ('*Decreased breath sounds on the left, they usually tell me*', he confides), and so was his oxygenation. We discussed all this for a couple of minutes, and I assured him that his respiratory system was quite good and he was fit for surgery. The 'thick white line' was the pleural thickening, the calcium-laden scar around the lung, the tombstone of the dreaded and unmentionable disease, now healed.

'I have a personal recollection related to this history,' I told him. 'When I was taking my final exam in surgery as a student, thirty-odd years back, my late professor asked me a last question. "*I do not expect you to know this, but has surgery ever been used in the management of tuberculosis?*" I enumerated all these procedures and some more, and was rewarded with a straight 10 in surgery.' We shook hands, and I wished him good luck with his operation, which was quite uneventful.

* * * * *

I had published this real case as a short historical piece a few years ago, and I recalled it recently when I saw in the Electronic Prescription website in Greece an official announcement of the National Organization for the Provision of Health Services (EOPYY), dated May 16, 2017[1], which among other things, '*abolished examinations and procedures which were no longer requested by practising physicians as they w ere considered outdated*'. I could not believe my eyes: I read the manifest again carefully, and then I looked into the 'Pulmonology' section for the item of my interest. Here it was! At last, artificial pneumothorax was laid to rest with all honors, along with pneumoperitoneum and other medical curiosities which many of my colleagues had never even heard of. Just as somebody is not dead until officially pronounced so by a doctor, so it was with these procedures. It was not sufficient that they had not been performed for more than sixty years; they had to be officially struck out by a statutory body. And now we have lived to see the day.

I do not know whether EOPYY will be remembered for anything else in the history books, but I herein credit this organization with the abolition of 'outdated' medical procedures. The change has not been radical enough, and the revised list still contains nonentities like the thymol, zinc, colloidal gold, and Tacata-Ara tests for liver function (I challenge any reader to tell me what exactly they test and whether they have ever been used in the last half century). It also lists the princely 'prehistorical' fees for medical procedures as they have stood in the official books for ages (for example, 2.88 euros for thoracentesis and 8.01 euros for fiberoptic bronchoscopy with biopsy, before tax). I hope we will not have to wait another seventy years for an update.

However, I still have a small reservation. Given the universal threat of multidrug resistant tuberculosis and the inefficacy of drugs for the elimination of this plague, maybe one day we will have to resurrect collapse therapy and start 'putting lungs to rest' once more. As the saying goes, never say never again.

REFERENCES

https://www.e-prescription.gr/wp-content/themes/e-syntagografisi/files/%CE%91%CE%BD%CE%B1%CE%BA%CE%BF%CE%AF%CE%BD%CF%89%CF%83%CE%B7%20%CE%91%CE%BB%CE%BB%CE%B1%CE%B3%CE%AE%CF%82%20%CE%9A%CF%89%CE%B4%CE%B9%CE%BA%CE%BF%CF%80%CE%BF%CE%AF%CE%B7%CF%83%CE%B7%CF%82%20%CE%95%CE%BE%CE%B5%CF%84%CE%AC%CF%83%CE%B5%CF%89%CE%BD.pdf