

informação relativa à suscetibilidade antimicrobiana. Contudo, é um exame demorado e com sensibilidade não muito elevada (43-88%)³. Os resultados mostraram que, combinando a análise cito/histológica com o exame micobacteriológico direto e cultural, o TAAAN não aumentou a eficácia diagnóstica. Contudo, há que ter em conta algumas importantes vantagens do TAAAN, tais como a rapidez, a elevada especificidade^{3,4} e a possibilidade da realização de testes moleculares de resistências, se suspeita de resistência aos antibióticos⁵.

Na abordagem de uma linfadenite, estes resultados reforçam a necessidade do aumento da suspeição de TB ganglionar e do envio da amostra para uma análise combinada cito/histológica e microbiológica.

Responsabilidades éticas

Proteção de pessoas e animais. Os autores declaram que para esta investigação não se realizaram experiências em seres humanos e/ou animais.

Confidencialidade dos dados. Os autores declaram ter seguido os protocolos de seu centro de trabalho acerca da publicação dos dados de pacientes e que todos os pacientes incluídos no estudo receberam informações suficientes e deram o seu consentimento informado por escrito para participar nesse estudo.

Direito à privacidade e consentimento escrito. Os autores declaram que não aparecem dados de pacientes neste artigo.

Conflito de interesses

Os autores declaram não haver conflito de interesses.

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<http://dx.doi.org/10.1016/j.rppneu.2013.06.004>

Unexplained pulmonary hypertension in peritoneal dialysis and hemodialysis patients

Hipertensão pulmonar inexplicável em pacientes em diálise peritoneal e hemodiálise

Dear Editor,

We read with great interest the nice article by Etemadi and colleagues, in your journal, *Revista Portuguesa de Pneumologia*, entitled "Unexplained pulmonary hypertension in peritoneal dialysis and hemodialysis patients"¹. In a retrospective study of chronic hemodialysis and peritoneal dialysis patients, pulmonary hypertension was found in 14 (41.1%) patients of the hemodialysis group and in 6 (18.7%) patients

of the peritoneal dialysis group, where pulmonary hypertension was defined as a systolic pulmonary artery pressure (SPAP) \geq 35 mmHg. They concluded that unexplained pulmonary hypertension seems to be more frequent in patients undergoing hemodialysis than with patients in the peritoneal dialysis group. In this context, I would like to make a few points about pulmonary hypertension in dialysis patients. In a study of 102 maintenance hemodialysis patients, we found pulmonary artery pressure of 41.5 ± 12.6 mmHg. In our study, 76.5% of hemodialysis patients had SPAP = 35 mmHg. In this study we can also see that pulmonary artery pressure had significant positive correlation with the duration and degree of hemodialysis.² In another study we also observed that pulmonary artery pressure had significant positive correlation with serum intact parathormone.³ Pulmonary arterial hypertension is a serious cardiac complication among patients with end-stage kidney disease, especially patients on hemodialysis as mentioned in the study by Etemadi et al., and we need to look for other aggravating factors among dialysis patients.³⁻⁵ In order to achieve better understanding about

DOI of original article:

<http://dx.doi.org/10.1016/j.rppneu.2011.07.002>.

this aspect of dialysis patients, more clinical studies are suggested.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The author has no conflicts of interest to declare.

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<http://dx.doi.org/10.1016/j.rppneu.2013.05.004>