PostScript

LETTER

Tension pneumothorax review incorrectly cited

The recent update on pneumothorax by Currie *et al*[1] mis-cites a recent review on tension pneumothorax.[2] This review of tension pneumothorax specifically questions the classical understanding of the condition with emphasis on the following points.

Ventilated and awake patients present with totally different features as follows: *Awake*—sudden onset but with gradual decompensation that may take less than 60 min but can take many hours with chest pain, respiratory distress, tachycardia, tachypnoea, desaturation and variable ipsilateral signs of pneumothorax, chest hyperexpansion and hypomobility. Hypotension is rare and late in the disease process with final demise being respiratory arrest that precedes cardiac arrest. *Ventilated*—sudden presentation at time of decompensation with desaturation, marked hypotension and variable signs of pneumothorax, surgical emphysema or high airway pressures.

The lack of usefulness of tracheal deviation is emphasised in the article along with the potential for decompression to fail or cause iatrogenic harm.

A correction has been published in the journal to avoid incorrect citation in future.

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Competing interests: none declared

References

1 **Currie GP**, Alluri R, Christie GL, *et al*. Pneumothorax: an update. *Postgrad Med J* 2007;**83**:461–5.
2 **Leigh-Smith S**, Harris T. Tension pneumothorax—time for a re-think? *Emerg Med J* 2005;**22**:8–16.

CORRECTIONS

doi: 10.1136/pgmj.2007.56978corr1

Graeme P Currie, Ratna Alluri, Gordon L Christie and Joe S Legge. Pneumothorax: an update. (*Postgrad Med J* 2007;**83**:461–5). Reference 10 was miscited in this article. Reference 10 specifically questions much of the classical understanding of tension penumothorax. This was not made clear and the update as written incorrectly encourages continuation of the current understanding of tension pneumothorax. The statement that precedes the citation of this reference was incorrect and should read: "However, a recent review has suggested that whilst chest pain and respiratory distress are universal findings in awake patients with tension pneumothorax other signs are variable with cardiovascular instability being very rare (in contrast to the ventilated patient with tension pneumothorax where this is common)." The authors of this article apologise to the authors of reference 10 (Tension pneumothorax - time for a re-think? Leigh-Smith S, Harris T. *Emerg Med J* 2005;**22**:8-16) for this error.

doi: 10.1136/pgmj.2005.43992corr1

Saiidy Hasham and Frank D Burke. Diagnosis and treatment of swellings in the hand. (*Postgrad Med J* 2007;**83**:296–300). Due to an error in the production of this article, figures 4, 5, 6, 7 and 8 were printed incorrectly. A corrected version of the article can be viewed online by going to the *Postgraduate Medical Journal* website (www.pmj.bmj.com/supplemental).

NOTICE

Clinical genetics

Genetics is having an ever-increasing impact on mainstream medicine and this 2-day CPD course at Warwick University on 13–14 December 2007 is for those who wish to gain a state-of-the-art understanding of both the underlying science and clinical implications of this fundamental field. For further details contact Dr Charlotte Moonan, Department of Biological Sciences, University of Warwick, Coventry CV4 7AL (tel: 024 7652 3540; email: Charlotte.Moonan@warwick.ac.uk; website: www.warwick.ac.uk/go/biosciencesshortcourses).