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Steam inhalation therapy

I think the conclusion of the article *Steam inhalation therapy: severe scalds as an adverse side effect*¹ is excessively restrictive.

I do not know how 'steam inhalation therapy' is administered in the Netherlands, but I know practice in Britain has changed in the last four decades. We no longer use Nelson inhalers.

Many patients inhale over a washing-up bowl of boiling water, which brings in risks of transporting water from kettle to bowl to accessible table. I recommend either the use of a mug-full of boiling water, or the less-risky 'hot beverage', that certainly appears to reduce the risks in handling and in the total quantity of thermal energy if there is a spill. Alternatively, I recommend 'steaming' in a bath or shower of normal bathing temperature, this is substantially less than boiling, and should not induce more scalds than the ordinary weekly ablutions.

I disagree with the article's conclusion that there is no evidence of therapeutic benefit. There is a huge amount of anecdotal evidence for its therapeutic efficacy, in ENT and chest medicine in hospital as well as in general practice. I have never seen a scald from steaming; I have seen many from hot drinks: should we ban drinking?

David Church,

GP, First Aider, mid-Wales.

E-mail: bryntegywyn05@btinternet.com

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Over-reliance of D-dimer in isolation to exclude venous thrombosis should be avoided

The shift to primary care expected in the initial 'diagnostic' management of cases of venous thromboembolism is indeed welcome. A recent article in the *BJGP* highlighted the role of D-dimer in reducing referrals for radiological imaging.¹ However, one of the messages that needs to be stressed in this context is the importance of clinical probability scoring system. It is important that the primary care physicians do not over-rely on the D-dimer, and clinical evaluation should be considered as the first step. Reliability on the D-dimer in isolation can have problems especially since there is evidence in the literature for thromboembolic episodes occurring in the context of normal D-dimer.^{2,3}

There are several possible explanations for a normal D-dimer even in the presence of venous thromboembolism. The levels of D-dimer increase in the circulation due to the breakdown of the fibrin-bound clots. Very often, individuals present with symptoms of lower limb thrombosis many days after the onset of symptoms. The clot breakdown in these cases may have ceased by the time they arrive for medical attention and the result would be a normal D-dimer. Second, in the patients who receive anticoagulation treatment sometimes before the hospital assessment is undertaken (patients who have problems with transport, or from the hospice, started on anticoagulation empirically), inhibition of clot lysis can cause normal D-dimer. This phenomenon has been noted to occur within 24 hours after receiving heparin therapy.⁴ It is also important to bear in mind that a normal cut-off of D-dimer is arbitrary and may not be applicable to every individual, since the clot-breakdown capacity varies between individuals. This is exemplified by the report in pregnancy of deep vein thrombosis and normal D-dimer.³ Last, there is the issue of wide variability between many different D-dimer assays.⁵ Each caregiver should take into consideration the appropriate cut-off suited for the assay and setting before

they can attribute a level useful in exclusion of thrombosis.

In summary, there is no alternative to good clinical assessment in the exclusion of venous thromboembolism and D-dimer level is only a useful adjunct.

Jecko Thachil,

Consultant Haematologist, Central Manchester University Hospitals NHS Foundation Trust, Oxford Road, Manchester, M13 9WL.

E-mail: Jecko.Thachil@cmft.nhs.uk

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Eosinophilic oesophagitis: a clinical update

I would like to thank you for the recent clinical intelligence article on eosinophilic oesophagitis.¹ As a current GPVTS working in ENT I found this clinical update very informative and relevant to my work. Interestingly only a few days after reading this article we admitted a 17-year-old young man complaining of a food bolus sensation following eating chicken earlier in the day. He was normally fit and well, and of note did not suffer with any atopic conditions. He was managed initially with medical therapy, however, after some initial improvement his symptoms deteriorated and the time between consumption and regurgitation of water progressively shortened.