

air-purifying respirators is that they do not provide a strain on an individual's respiratory system.

It should be noted that a study has reported a significant reduction in the number of infected health care workers in intensive care wards when ventilation rates were increased, even when these workers did not use "adequate" respiratory protection.¹⁵ These results suggest that amount of ventilation in a setting is also important in the occupational transmission of SARS CoV.¹⁵ This finding suggests not only that multiple factors are involved in the prevention of infectious disease among health care professionals, but also that the SARS CoV can be transmitted by an aerosol route in an occupational setting.

Regardless of the type of respirator employed, it is necessary that appropriate fit-testing be conducted and that respirator use be at a 100% level when managing potential cases of SARS.^{4,12} In general, commercially available non-elastomeric respirators cannot be efficiently fit-tested, because they do not provide the face seal that is required to protect against such a highly infective virus.

JH Lange

(e-mail: john.pam.lange@worldnet.att.net)

Envirosafe Training and Consultants

P.O. Box 114022, Pittsburgh, PA 15239, United States

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Wrong emphasis in case report on cholestatic jaundice

To the Editor—I am concerned by the emphasis placed in the case report titled "Cholestatic jaundice caused by sequential carbimazole and propylthiouracil treatment for thyrotoxicosis" that was published recently by Chan et al in the *Journal*.¹ According to the report, "extreme caution should be taken when a patient develops hepatotoxicity in response to one type of antithyroidal agent, because cross-reactivity may develop in response to a second type of antithyroid drug". From the description of the case, the patient was treated for only 2 weeks when he developed pruritus to carbimazole. Treatment was changed to propylthiouracil and jaundice developed again, only 2 weeks after starting treatment. These intervals were very short and therefore unlikely to be avoided by any changes in the frequency or monitoring currently practised. It is usual practice that all new patients are treated and followed up at 2- to 4-weekly intervals. A single case report as such is unlikely to change our prescribing habits of starting carbimazole therapy and changing to propylthiouracil if any side-effects occur with the former drug.

In my view, the real emphasis of the case should be in the caution that we must exert in the use of steroid treatment for conditions of which the pathogenesis is uncertain. In this case, steroids were used as a sort of last-stage attempt. Indeed, the patient's subsequent course of fulminant pneumonitis can be attributed to steroid use, and it is fair to say the patient died of complications of steroid treatment. The patient did not die because of antithyroid treatment.

JTC Ma, MB, BS, FRCP

813 Medical Centre

16/F Central Building

1 Pedder Street, Central, Hong Kong

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