Respiration 2013;86:175
DOI: 10.1159/000348378

Authors' Reply

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We thank Carratù et al. [1] for their comments regarding our recent study assessing the feasibility of sniff nasal inspiratory pressure (SNIP) as an outcome measure in a phase III clinical trial with a lead-in design [2].

We are in full agreement with the authors that SNIP is a more sensitive marker of respiratory muscle strength in amyotrophic lateral sclerosis compared to forced vital capacity, and we did not say that it is not useful. Our data are unique in that they present a head-to-head comparison of 2 outcome measures in a randomized

control trial with 4-weekly assessment intervals. These results suggest that over a certain time period (e.g. 4 months) patients improve in performing the SNIP test (learning effect), which masks the progression of respiratory insufficiency. This was not the case for forced vital capacity, raising the issue that the SNIP procedure is technically not as easy as previously suggested. Furthermore, we wanted to highlight that the optimal number of SNIPs in amyotrophic lateral sclerosis patients still has to be determined. In conclusion, we hope that our response will help to clarify the interpretation of the data.

References

- 1 Carratù P, Dragonieri S, Resta O: Sniff nasal pressure is a sensitive marker of poor outcome in amyotrophic lateral sclerosis. *Respiration* DOI: 10.1159/000348375.
- 2 Bauer M, Czell D, Hartmann S, Goldman B, Müller D, Weber M: Limitations of sniff nasal pressure as an outcome measurement in amyotrophic lateral sclerosis patients in a clinical trial. *Respiration* 2012;84: 306–311.

Erratum

In the article by Rodriguez-Panadero and Montes-Worboys, entitled 'Mechanisms of Pleurodesis' [*Respiration* 2012;83:91–98], millimeters (mm) were used instead of micrometers (μm). The correct text on page 96, left column, last paragraph should read as follows:

Acute Respiratory Distress or Pneumonitis

This has been described in some cases of talc pleurodesis [48, 49], but the pathophysiologic mechanism responsible for this severe complication is still unclear. A cause of concern is systemic inflammation, which apparently commonly occurs following instillation of almost all agents into the pleural space [50] and administration of talc-containing small particles ($<10\ \mu\text{m}$ in diameter) [51]. A large European multicenter study on the safety of talc poudrage including 558 patients with MPE treated with 4 g of large-particle talc (median diameter: $25.6\ \mu\text{m}$) found no cases of acute respiratory distress [52].