September 2012 Arizona Thoracic Society Notes

A dinner meeting was held on 9/26/2012 at Scottsdale Shea beginning at 6:30 PM. There were 18 in attendance representing the pulmonary, critical care, sleep, pathology, and radiology communities.

A discussion was held on Pending Premium Cigar Legislation HR. 1639 and S.1461, the "Traditional Cigar Manufacturing and Small Business Jobs Preservation Act of 2011". This bill would exempt "premium cigars" from FDA oversight. The definition of premium cigars is so broad that candy flavored cigars, cigarillos and blunts would be exempted from FDA regulation. Teenage cigar smoking is increasing and this legislation may result in a further increase. The Arizona Thoracic Society is opposed to this bill. Dr. Robbins is to put a link on the Southwest Journal of Pulmonary and Critical Care website linking to the ATS website. This will enable members to contact their Congressmen opposing this legislation.

A discussion was also held on a proposed combined Tucson/Phoenix meeting. George Parides and Ken Knox have been discussing a combined meeting between the Arizona Thoracic members in Tucson and Phoenix in Casa Grande. Dr. William Peppo, chairman of medicine at Midwestern University, made the suggestion that perhaps the University of Arizona video link between the Tucson and Phoenix campus could be used to hold combined meetings. It was decided to pursue this possibility.

Two cases were presented:

- 1. Rick Robbins presented a case of a 56 yo man with chronic cough and exertional dyspnea. He had mild restrictive disease and scattered areas of a reticular pattern and ground glass opacities on chest x-ray and CT scan of the chest. Bronchoscopy with bronchoalveolar lavage revealed 60% lymphocytes which were predominately CD8+. VATS was consistent with hypersensitivity pneumonitis. A careful history and hypersensitivity serology did not reveal an etiology of the hypersensitivity pneumonitis. It was pointed out that a pervious series revealed that 25% of chronic hypersensitivity cases had no identifiable etiology. A discussion ensued about how far to investigate the patient's environment for an etiology. The consensus was that an aggressive, thorough investigation was probably warranted.
- 2. Tom Colby presented a case of a 26 year old man with recurrent hemoptysis and pneumothoracies. An open lung biopsy revealed holes in the lung and areas with abnormal scarring. The patient eventually proved to have Ehlers Danlos syndrome characterized by joint hypermobility. None had seen a similar patient but Dr. Colby related he had seen this pattern on lung biopsy previously and since the disease occurs once in every 5000 births, he wondered if the disease was more common than reported.

There being no further business, the meeting was adjourned at 7:45 PM. The next meeting is scheduled for October 24 at Scottsdale Shea 6:30 PM.

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