



**THE 11th ASIA-PACIFIC CONGRESS
ON DISEASES OF THE CHEST**

November 19-22, 1989

BANGKOK, THAILAND.

ABSTRACTS



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ABSTRACTS



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- Anti-Tuberculosis Association of Thailand.
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- Heart Association of Thailand.
- Society of Thoracic Surgeons of Thailand.

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ABSTRACTS

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PREFACE

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In the preparation of this abstract book for the 11th Asia-Pacific Congress on Diseases of the Chest in Bangkok, the editors have tried to maintain the original texts received from the authors. Almost all texts in lectures and symposia sessions are reprinted for the uniformity without changing any expression. According to the typing quality and format variation of the originals, some abstracts in the free communication session have to be retyped or reprinted, again, without any change of the original contexts. We think that, the variation of expressions, typing letterforms in this session is the symbol of getting together of colleagues in the same field of interest.

The Editors

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DRUG-INDUCED PULMONARY DISEASES

E.C. Rosenberg, Thoracic Diseases & Internal Medical,
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PLENARY LECTURES

PL-1

DRUG-INDUCED PULMONARY DISEASES

E.C. Rosenow. Thoracic Disease & Internal Medical,
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FEWARY LECTURES

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CONTINUING MEDICAL EDUCATION AND MEDICAL JOURNALS

A. Soffer. International Academy of Chest Physicians and Surgeons of the American College of Chest Physicians, Illinois, USA.

Articles in scholarly medical journals remain the single most important element in continuing medical education of the clinician. The integrity and clinical importance of these articles depends upon the current system of scientific peer review. I should like to share with you today some observations of editorial review.

A group of editors and authors were enjoying a midnight snack recently. The repast followed an evening of dialogue among authors, editors, and readers in a symposium presented by the Council of Biology Editors. An author turned to the editor of a leading medical periodical and said, "I hope this isn't sour grapes, but a recent manuscript of mine was rejected by your editorial board. I received only a sentence or two indicating that the paper was not appropriate for your periodical. I wrote back to suggest that I would appreciate very much seeing more detailed comments of reviewers if these were available. You responded that the comments of out-of-office consultants were primarily for the use of the editorial board and only secondarily for perusal by the authors. Therefore, you chose not to return to me the analysis of your referees. I believe that this was less than helpful to me."

The editor responded candidly: "Our letter to you reflected accurately our editorial philosophy. We have the responsibility to publish original authoritative information and this requires the assistance of both editorial board members and out-of-office reviewers. Their comments are for our use and only secondarily for the authors' consideration. Sometimes we do return detailed comments, but often we choose to send only a letter of rejection."

Such an approach is a marked departure from the editorial principles and practices of my office. There has been for too much emphasis on the judgmental role of editors and referees and too little on their contributions as constructive critics. The referee's role in

recommending acceptance or rejection of submitted manuscripts is, I believe, only one of the functions of out-of-office editorial consultation. Submission of a manuscript can be an invaluable educational experience even if the paper is rejected. The value of this learning exercise requires conscientious editorial review and the transmittal of consultants' comments to the author. In an era when the discipline of clinical research is sadly neglected in medical schools and in post-graduate years, editorial review may serve as a key element in the continuing education of neophyte investigators. Writing skills, as well as scientific content, can be the focus of peer review. Not infrequently the organization of a manuscript betrays a lack of sophistication in formal scientific communication. In these instances, detailed comments identifying deficiencies in structure and style can be of great help to authors who intend to continue to submit manuscripts during their professional career.

The more knowledgeable researcher may benefit from editorial review when defects in the study design of an otherwise promising report are identified so that modifications can be made during continuing investigation. It is gratifying to note how often the restructuring of a clinical experiment and revision of the manuscript may result in statistically sound and clinically significant reports.

Opponents of the peer-review system maintain that biased or careless editorial reviews delay or block publication of critically important data. However, these critics often neglect to note or are unaware of the fact that rejected manuscripts often find their way into the medical literature in a vastly improved form. There is no manuscript that cannot be improved by thoughtful and conscientious review.

Physicians' experiences during the formative years should include the preparation of written reports, since organization of a scientific manuscript clarifies thinking and is a great incentive toward intellectual curiosity. Many papers need never be submitted for publication and often should not be. However, there is intrinsic merit to the goal of preparing a manuscript for editorial review and the value of submission is vastly enhanced when the consultants' comments are transmitted to the authors. Peer review is particularly important to the young researcher or less sophisticated investigator. It is for these reasons that I consider editorial review as important for the author

as it is for the editorial board.

The peer review system of editorial review is under fire. Two studies indicated that the frequency of agreement between two referees assessing the same paper is barely above that expected from chance. More recently, Commoner reported that, "The peer review system appears to be not some minor fault in the house-keeping of science but a threat to its basic purpose — the advancement of knowledge about nature." Has the traditional mechanism of editorial consultation outlived its usefulness? Must drastic changes be introduced if the fundamental concept of peer review is to be retained?

One reason for the torrent of abuse heaped on referees is a fundamental misunderstanding of their basic role. The judgemental aspect of review, that is, recommendation for acceptance or rejection, is but one element of the review process. The submission of a manuscript can be a valuable educational experience for the author whether or not the paper is accepted for publication. An effective editorial review provides a dialogue between editorial board members, referees, and investigators. What if there is marked disagreement among consultants? Differing recommendations do not diminish the usefulness of detailed critiques that identify remediable deficiencies. Each report is reviewed by the editorial board in the light of current priorities of that periodical, and one must not demand agreement as proof of the validity or invalidity of the review process.

Commoner is concerned because Dr. Rosalyn Yalow experienced great difficulty in publishing the report for which she ultimately received the Nobel prize. She writes, "Fortunately the JCI (*Journal of Clinical Investigation*) finally agreed to publish the paper after it was modified." The word "modified" describes the most important aspect of peer editorial review. The fact that Dr. Yalow received constructive comments is suggested by the notation that she submitted a modified or revised manuscript. "Effective editorial review provides constructive criticism which can make a good paper better and an excellent paper superb."

Of course, errors will occur within the peer review system. It would be unrealistic to believe that occasional errors in judgement would not be inherent in any system that requires one individual to judge the merits of another's work. However, a disappointed author can always resort to another journal and there are surely few editors

who have not accepted manuscripts that have been rejected by other periodicals. Recently I reviewed a manuscript with a covering letter from the author, Rodney B. Nelson, M.D., who noted, I have taken the rather unorthodox step of enclosing two reviews which I received from another periodical. This I do because they are scholarly and I do not want to waste the time of people who devote valuable time to reviewing papers. It is no secret that papers which are submitted and rejected by one journal often end up on the desk of another editor. If you also find it unacceptable, I shall remove the manuscript from the sequential editorial cascade.

The great majority of sound investigations are ultimately published in one of the many superior biomedical journals. However, even if an occasional worthy report is refused publication, shall we destroy the system because of such occurrences? Medical documentation would soon become a sea of anarchy if the peer review system were not available for screening the massive amount of data emanating from research centers throughout the world. We can be grateful for the invaluable role that peer review contributes to medical documentation even as we discuss the deficiencies of this system.

There are great strengths in the peer review system. In some respects a referee serves as a judge but he may also be a partner and co-investigator. I was startled and pleased to receive a letter from Alan A. Audebert, M.D., Paris, who recently returned a revised manuscript with this notation, "Would you please thank the reviewer for his very pertinent and instructive criticisms? Should this paper merit publication, we hope that his name may be included with the other acknowledgements."

Perhaps more investigators should urge that the reviewers be cited in the manuscript as a valuable contributor to that report. This requires, of course, that the consultant be identified, but I predict that many consultants will accept with gratitude this generous and well-deserved compliment.

Medical journals have recently been criticized for publishing misleading and impractical data. One clinician decries the publication of studies that are refuted by later reports. He labels these practices "controversial" and concludes that a medical journal should publish only material that has been "completely researched, documented and approved." Another clinician insists that periodicals

that publish clinical investigations are not appropriate for "working doctors," and he asserts that a clinician's journal should consist exclusively of articles containing practical information that has been "tested and approved."

Implicit in the frustration of these physicians is the belief that clinical trials must provide clearly defined conclusions that offer irrefutable clinical guidelines. Unfortunately, the foolproof clinical trial does not exist. Formulation of medical concepts is an ongoing process, and publication of even the most carefully structured clinical experiment is but one step in the historic development of new principles. We must leave to the philosophers the issue of whether permanent values can be known to man; as physicians, we know that today's evidence can be refuted by future investigators. This knowledge need not paralyze the process of medical documentation, for it is inevitable that reputable clinical journals will contain some studies whose conclusions are ultimately disproved.

Reports of new modes of diagnosis and therapy require scrupulous review by impartial critics; editorial peer review provides this scrutiny. However, insistence on final evidence would impose impossible tasks on editors and journal consultants. A reasonable request is that editorial boards provide their readers with the assurance that published studies are based on sound investigational protocols. Such assurances are not enough for the critics cited here, for they demand a degree of authority that eliminates the need for maximum independent judgment. They indicate that a journal for practitioners should leave the reader with no uncertainty concerning the correct management of disease as delineated by the latest research. This approach is of great disservice to the practicing physician, because it abrogates his historic role as a critical observer. Individual experiences of practitioners are indispensable elements in the evaluation of the validity and significance of published reports. These experiences are shared with the investigator in the dialogue that occurs at the bedside, in hospital sessions, and not least of all, in medical journals. Should the time come when physicians accept conclusions in published reports without reservation, then practitioners will be technicians dependent on predigested, simplistic guidelines in authoritative articles.

Editors must exercise the responsibility of publishing contro-

versial studies. Indeed, even the most conservative article is actually a preliminary report when one considers the contributions yet to be made by the clinician. If we acknowledge the capability of those at the bedside to interpret and criticize, then the course of every patient can serve as a clinical experiment. These premises require that the clinicians possess an indispensable attribute, and that is the ability to be a discriminating reader. Such a capability is unalterably linked with the requirement that clinicians possess a clear understanding of the scientific method and the fundamentals of clinical research. No journal can promise an editorial "rose garden" of absolute truths. Publication is the initial, but not the final step in the formulation of medical practices.

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PRESENT STATUS OF HEART-LUNG AND LUNG TRANSPLANTATIONS

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