Correspondence

Exercise testing in miliary tuberculosis - some facts

Sir,

We appreciate the comments by Hansen on our article titled “Effect of antituberculosis treatment on cardiopulmonary responses to exercise in miliary tuberculosis” and his observations on current scenario of exercise testing in respiratory medicine.

However, the commentary gives an erroneous impression that pulmonary function tests and chest imaging in patients with tuberculosis have not been studied earlier. In fact, these findings have already been published by us describing for the first time immunological, pulmonary function and gas exchange abnormalities and computed tomography (CT) findings in patients with miliary TB. For this reason, we had intentionally not dwelled on these issues in the current article.

We had already clarified this point in the introduction and we quote. “The abnormalities in pulmonary function tests and gas exchange in miliary tuberculosis (MTB) and the trend for improvement in these parameters with antituberculosis treatment (ATT) has been reported earlier. However, to date, no study has been done to understand the pathophysiology of exercise limitation in patients with MTB. In this preliminary study, we evaluated the relative importance of the cardiovascular and/or pulmonary responses to exercise in patients with MTB and the effect of ATT on these parameters.”

We have made a reference to this point in the discussion also.

Our main endeavour in this article was to focus the attention of the readers on the fact that MTB patients, though “clinically” normal following treatment, have underlying residual cardiopulmonary limitations, which are unmasked on exercise.

We fully concur with Hansen’s suggestion regarding intensive rehabilitation exercise and muscle reconditioning. In fact, we have already made an observation of this aspect in the discussion of our article.

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