Rushing ahead of the curve?

Sir,

Dr Oppenheim's editorial (vol 63(7), 2002, p. 370) on the new strategy for health protection in England outlines government thinking on controlling communicable diseases and dealing with the less common problems of toxic chemicals and radiation. What she does not mention is the short timescale to set up the Health Protection Agency (HPA) and whether we have the staff to implement the programmes of work.

The strategy generally is welcomed but there is concern about our capacity to deliver and if all will be in place by next April. Public health departments have been fragmented and some decimated by the reorganization euphemistically called 'Shifting the Balance' (titled 'Shifting the Blame' by colleagues in Nottingham). Primary care trusts are too small and poorly staffed to carry out the huge workload imposed by the dissolution of health authorities. The tiers above primary care trusts – strategic health authorities and regional offices – have no clear role except performance managing trusts. Into this disjointed arena will come the new HPA which will not be part of the NHS – it will be a 'non-governmental public body' – using NHS resources and staff.

There is a crisis in recruitment to public health and microbiology posts and too few staff in post to safely manage the workload when the working time directive is applied. Laboratories are suffering from years of neglect of scientists and other non-medical staff in the NHS. There are solutions to these problems: a short fix is working in 'managed networks', the other – to develop the infection specialties together – will take time. Politicians want change to show they are doing something but rushing might cause derailment round the curve rather than getting ahead of it.

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Multiple cystic disease of the lung

Sir,

An 18-year-old Asian girl underwent left nephrectomy following an episode of haematuria and discovery of a renal mass which turned out to be a renal angiomyolipoma. A chest X-ray showed mild reticular shadowing of the lower zones (*Figure 1*). She gave a history of recurrent mild attacks of exertional dyspnoea over the preceding year that had never interfered with her daily activity.

A month later she developed bilateral pneumothoraces followed by right bronchopleural fistula. High resolution computed tomography (HRCT) of the chest revealed bilateral extensive cystic changes and right pneumothorax (*Figure 2*). She underwent right lateral thoracotomy decortication, closure of a hole in the right upper lobe and lung biopsy. Numerous cysts were seen on the surface of the lung. Histopathology was consistent with pulmonary lymphangioleiomyomatosis (LAM). Her pulmonary function test showed a mixed ventilatory defect and the alpha-l antitrypsin level was within normal values. She was treated with medroxyprogesterone and tamoxifen.

LAM is a cystic, generalized and progressive lung disease that either occurs as a rare sporadic entity or as a complication of tuberous sclerosis. It is almost exclusively reported in females of childbearing age, often with dyspnoea and pneumothorax. Chylothorax is also common (Chu et al, 1999; Oh et al, 1999; Hancock and Osborne, 2002). Retroperitoneal adenopathy and renal angiomyolipoma are recognized associations (Chu et al, 1999). Treatment is difficult: hormonal manipulation has been tried with inconsistent results (Denno et al, 1999; Hancock and Osborne, 2002) and some patients have had lung transplants (Collins et al, 1999).

Despite the rarity of LAM, how many patients with this condition might have been overlooked before the introduction of HRCT? Undoubtedly, HRCT has enhanced the diagnostic capability in many conditions including pulmonary LAM, as illustrated in this patient. If facilities are available, it is strongly advisable to perform HRCT on every patient with reticular shadowing on the chest X-ray regardless of the radiological extent and severity of dyspnoea.

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Figure 1. Plain chest radiograph showing fine reticular shadowing of the lower zones.

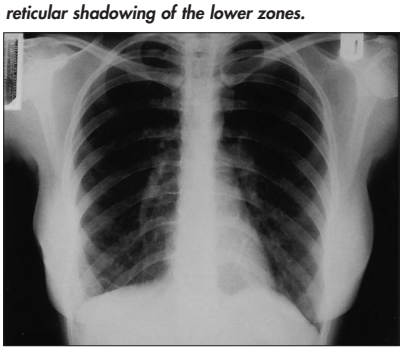

Figure 2. High resolution chest computed tomography scan showing extensive bilateral cystic disease of both lungs.