

## In this issue of SoB...

by Marco Confalonieri

This issue of *Shortness of Breath* features two articles that highlight particular clinical problems that may involve patients with lung cancer. **Alessandro Celi et al.** muses on the importance of considering associated venous thromboembolism in the care of cancer patients. The Authors argue in this review on the pathogenesis, diagnosis, and treatment of cancer-related thromboembolism with a special attention to the open questions about anti-coagulant therapy in the era of the new anticoagulant agents. The second article of oncologic interest, by **Francesco Petrella and Lorenzo Spaggiari** deals with a topic poorly represented in the scientific respiratory literature: the treatment of post-surgical bronchopleural fistula in lung cancer patients who underwent lung resection. Among the usual therapeutic options, the Authors specifically emphasize the most exciting advance recently experienced by them at the European Institute of Oncology: the stem cells therapy dealt throughout the bronchoscopic injection of autologous mesenchymal stem cells in the airways wall. Petrella firstly reported last January the successful application of this technique on the New England of Medicine. On a bronchoscopy-related topic is the review by **Raffaele Scala** on the use of noninvasive ventilation to facilitate fiberoptic bronchoscopy procedures in patients at high risk for endotracheal intubation complications and those with acute respiratory failure. Noninvasive ventilation, Raffaele Scala said, can help diagnostic bronchoscopy in severely ill patients with either hypoxemic and hypercapnic respiratory failure. Also pediatric patients and those with COPD and OSAS may benefit in several occasions from the combined use of noninvasive ventilation and bronchoscopy. This combined approach should be preferably performed in experienced hospital centres. Bronchoscopy can be crucial for the diagnosis of non-HIV *Pneumocystis Jirovecii pneumonia*, as showed by **Nobuhiro Asai et al.** in an interesting review on this potentially lethal disease. In the field of solid organ transplant recipients and malignancies, the emergence of new generation of immunosuppressive agents, such as rituximab and cytotoxic agents result in a quite frequent occurrence of non-HIV *Pneumocystis Jirovecii pneumonia*. Asai et al. showed the clinical, diagnostic and



therapeutic challenge of this emerging opportunistic infection. Although an evidenced-based standard therapy is not yet established, the Authors suggest some reasoned treatment option. The lung cryobiopsy by bronchoscopy was the diagnostic tool that made possible to suspect an unusual cause of inhalation *pneumonia* in a 51-year-old man whose history was described in the **case report** article. The patient had a prolonged erroneous use of a herbal Thai inhaler indicated for superior airways disturbances. The Authors of this case report are aimed to warn possible serious respiratory adverse effects of “natural” herb-based drugs with unknown ingredients. **The selection of life science literature** “Land of hope and dreams” reports the summary of two very recent articles looking for answering why two individual with the same genotype may have different phenotypes. The clinical use of genomic sequencing may be ever and ever easier and feasible in the next generation daily clinical practice, commenter says. Finally, the “medical humanities” piece is written by an atypical writer, **Mario Vatta**, best known as a solidarity holder in his city where he founded several homeless shelters. Mario Vatta reports his experience of contemplation and personal development made during several hospital admissions. This place of pain and suffering may be a location of unexpected interior changes, as reported by the Author. Hoping that the Shortness of Breath Journal may ever be useful for many new readers, I hope it could still be of interest for the affectionate old ones.

*The Editor-in-Chief*