Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

or repetitive antigenic stimulations, combined with advancing age. Epithelial cells could be a significant source of neutrophil chemoattractants, which contributes to a low-grade inflammation in older subjects. Persistent, low-grade inflammation could damage elastin and perhaps lead to the age-associated loss of elastin fibers. Therefore, considering that many patients affected by asthma or COPD who increasingly perform induced sputum are often > 50 years old, these findings deserve further investigations.

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Ribavarin Should Be Tested in Clinical Trials in Combination With Other Antiviral Agents for Severe Acute Respiratory Syndrome

To the Editor:

We read with interest the article in *CHEST* by Chiou et al (July 2005)[1] and offer the following comments. The ribavirin-treated patients had higher lactate dehydrogenase levels, a well-known adverse prognostic factor in severe acute respiratory syndrome (SARS). The nonsignificantly higher mortality could be due to the more severe disease in this group. Viral load, another important predictor of mortality, was not available.[2] Moreover, Figure 1 seemed inaccurate: the survival in ribavirin-treated patients should be 0.88 at day 30 (5 of 44 patients died) instead of 0.71.

Classifying the ribavirin-treated patients into hypoxemic and nonhypoxemic subgroups (Table 2) and attributing the higher mortality in the hypoxemic subgroup to ribavirin was problematic, as both subgroups were treated with an identical protocol of ribavirin. From the data presented, a more likely explanation for the more severe drop in hemoglobin in the hypoxemic subgroup was that they had more severe disease. The survival curves in Figure 4 also appeared inaccurate: the survival in patients with drop in hemoglobin > 2 g/dL should be 0.69 (5 of 16 patients died) instead of 0.45. Hence, the result of the log-rank test ($p = 0.007$) needs to be justified.

Only factors that were potentially associated with hypoxemia were analyzed in Table 2. No univariate or multivariate analyses on factors related to death were reported. The conclusion that hemoglobin level was the only factor associated with death was not supported by the data presented.

In Figure 6, the shaded triangles were supposed to represent the hemoglobin of patients who were hypoxemic and had received ribavirin. There were 22 triangles, but there should only be 17 patients. In addition, expressing the survival of individual patients by proportion (y-axis) is difficult to understand.

Therefore, there is no convincing evidence that ribavirin has contributed to a life-threatening drop in hemoglobin or mortality in this report. As of today, three independent studies[3–5] have shown ribavirin to have *in vitro* activities against SARS-coronavirus, alone or in combination with other agents. Ribavirin should be tested in future randomized controlled studies in combination with other potential antiviral agents for SARS.

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A Modified Percutaneous Tracheostomy Technique Without Bronchoscopic Guidance

A Note of Concern

To the Editor:

We read with interest the article in *CHEST* by Paran and colleagues (September 2004)[1] on a modified percutaneous tra-