

General Practitioner's Section **Linear Shadows on X-ray Chest**

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Often in private practice, we see patients bringing an X-ray showing a linear shadow, which is usually horizontal, but may be vertical. In case the diaphragm is raised, then one can attribute this to the same.

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But the fact is that if you ever see a linear shadow, exclude pulmonary embolism or SLE. I have seen dozens of patients, where none of these conditions fit in and this linear shadow, which is due to atelectasis, is idiopathic in origin and disappears after some time.

PASSIVE SMOKING AND COPD

'This finding has serious implications for population health, health services, and the economy, and lends further support to strong measures to ban smoking in public places and workplaces, and to increase availability of smoking cessation services in this region'

Chronic obstructive pulmonary disease (COPD) is a leading cause of mortality in China, where the population is also exposed to high levels of passive smoking. However, little information exists on the effects of passive smoking on COPD. P Yin and colleagues examined the relation between such exposure at home and work and respiratory symptoms in 20430 men and women older than 50 years in China, using two self-reported measures (density and duration of exposure). The investigators conclude that exposure to passive smoking is associated with an increased prevalence of COPD and respiratory symptoms, and estimate that 1.9 million excess deaths from COPD among never smokers could be attributable to passive smoking in the current population in China. In a Comment, Ana Menezes and Pedro Hallal state that these findings, added to what is already known about the harmful effects of passive smoking, suggest that urgent strategies to reduce such exposure are needed.

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