

Cheyne-Stokes respiration

I read with interest the article by Professor Randerath [1]. Some points need to be clarified. Firstly, not only heart failure but also acute ischaemic stroke and brain tumour can cause Cheyne-Stokes respiration. [2] In one study, such abnormal breathing can be found in 53% of patients with ischaemic stroke, unrelated to the location of infarction. [3] Lastly, apart from the therapeutic options provided in the article, I believe that removing the causes e.g., brain tumour should be considered as the treatment of Cheyne-Stokes respiration.

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References

- 1 Randerath WJ. Therapeutic options for the treatment of Cheyne-Stokes respiration. *Swiss Med Wkly.* 2009;139(9-10):135-9.
- 2 Cheyne-Stokes and abnormal patterns of respiration. <http://www.patient.co.uk/showdoc/40000069/> Accessed April 23, 2009
- 3 Nachtmann A, Siebler M, Rose G, Sitzer M, Steinmetz H. Cheyne-Stokes respiration in ischemic stroke. *Neurology.* 1995;45(4):820-1.

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Author's reply

Dear Dr. Kittisupamongkol,

Thank you very much for your interest in the paper "Therapeutical options for the treatment of Cheyne-Stokes respiration" and your helpful comments, which I fully agree with. There is no doubt that treatment of the underlying disease is always the first therapeutic approach. However, the focus of the review was the discussion of the most recent proceedings in positive pressure application. Therefore, it may be added that there are insufficient data on the treatment in patients with stroke or brain tumours with these devices.

Winfried Randerath