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Diaz et al. highlight the potential for severe airway reactivity and perioperative challenges when performing bronchoscopy and BAL in patients with EVALI, and Russell and Cevik stress the importance of ruling out infectious causes in these patients. These two points reflect the complexities of evaluating patients with EVALI and managing their care. Recent Centers for Disease Control and Prevention clinical guidance emphasizes that the decision to perform a bronchoscopy and BAL should be made on a case-by-case basis and in consultation with pulmonary specialists.¹ Many patients with EVALI have required intubation and mechanical ventilation, and consultation with critical care specialists is also recommended.

Many infectious and noninfectious illnesses can manifest with respiratory, constitutional, and gastrointestinal symptoms. Especially as the influenza season begins, clinicians must rely on a thorough initial evaluation, including history taking with respect to substance use, travel, vaccinations, and sick contacts. Laboratory testing should be performed to evaluate for multiple causes, including common infections. A chest radiograph should be obtained for patients with suspected EVALI, and a chest computed tomographic scan should be considered if the chest radiograph is normal.¹ Clinicians should strongly consider admitting patients with potential EVALI, especially if they have respiratory distress, coexisting conditions, or decreased (<95%) oxygen saturation.¹

If EVALI is suspected, a comprehensive assessment of e-cigarette, or vaping, product use habits should be conducted, including information on types of products and substances (e.g., tetrahydrocannabinol [THC] and nicotine) used, frequency of use, and where products were obtained. A recent study in Illinois showed that patients 18 to 44 years of age with EVALI had higher odds of obtaining products from informal sources and reporting exclusive and frequent use of THC-containing e-cigarette, or vaping, products than persons without EVALI who reported using these products.²

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Since publication of their article, the authors report no further potential conflict of interest.

As of November 13, 2019, a total of 2172 EVALI cases and 42 deaths have been reported in 49 states, the District of Columbia, and the U.S. Virgin Islands. Although vitamin E acetate was recently identified in a preliminary analysis of BAL specimens,³ evidence is not yet sufficient to rule out the contribution of other toxicants. This investigation remains ongoing, and vigilant clinical evaluation, diagnosis, and management of the care of patients with EVALI are critical.

References

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