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In this section of the *Journal*, Leeper and associates describe the recent five-year experience at Henry Ford Hospital in the treatment of pulmonary embolism, and I review the most recent literature and consensus opinions regarding the use of anticoagulant and antithrombotic therapy in deep venous thrombosis and pulmonary embolism. These reports are only the most recent observations resulting from our institution's long and continuing interest in deep venous thrombosis and pulmonary embolism. Some of the earliest investigations of the use of anticoagulants in deep venous thrombosis and pulmonary embolism were carried out at Henry Ford Hospital. In 1940, Dr. Conrad R. Lam and Dr. R.D. McClure described their experience with heparin administration, and in 1943 Dr. Lam described his experience with oral anticoagulants. These investigations, and other early work, are reviewed in my article, "Anticoagulant and Antithrombotic Therapy in Deep Venous Thrombosis and Pulmonary Embolism," which appears in this section.

Recent interest in pulmonary embolism at our institution has been sparked by participation in a national collaborative study, the Prospective Investigation of Pulmonary Embolism Diagnosis (PIOPED). Many close and important interdepartmental collaborations have resulted from this study. Investigators include Drs. John J. Popovich, Jr, James H. Thrall, P.C. Shetty, Matthew W. Burke, Jerry W. Froelich, Kenneth V. Leeper, Jr, Barry Lesser, David A. Parker, and Rajinder Sharma. These investigators explored the use of low-dose streptokinase injected directly into the pulmonary artery of patients with acute pulmonary embolism (1). These physicians also made important

contributions to the evaluation of recombinant tissue activated plasminogen (rt-PA) in the treatment of pulmonary embolism; this manuscript is currently being prepared by the PIOPED collaborative group. Additional prospective studies of the use of rt-PA in pulmonary embolism are underway. New treatments and diagnostic modalities in pulmonary embolism continue to be explored at Henry Ford Hospital. One possible, exciting direction concerns mechanical techniques for fragmenting pulmonary emboli with catheter-tip devices.

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Reference

1. Leeper KV Jr, Popovich JP Jr, Lesser BA, et al. Treatment of massive acute pulmonary embolism with low doses of intrapulmonary arterial streptokinase combined with full doses of systemic heparin. *Chest* 1988;93:234-40.

In addition to these papers concerning pulmonary embolism and anticoagulant therapy, this section on pulmonary issues includes an unusual case report of long-standing disseminated Strongyloides stercoralis presenting as diffuse interstitial pneumonitis as well as the imaginative attempt by Dr. Benish and colleagues to construct a mathematical expression of lung elasticity.—Editor.