Drs. Rush and Wright report being employees of BTG International, the company developing the proprietary microfoam Varisolve under an IND application. No other potential conflict of interest relevant to this letter was reported.

1. Ceulen RPM, Sommer A, Vernooy K. Microembolism during foam sclerotherapy of varicose veins. N Engl J Med 2008;358:1525-6.
2. Regan JD, Gibson KD, Ferris B, et al. Safety of proprietary sclerosant microfoam for saphenous incompetence in patients with R-to-L shunt: interim report. J Vasc Interv Radiol 2008;19:Suppl:S35. abstract.

THE AUTHORS REPLY: Rush and Wright confirm our report on intracardiac gas emboli in both the right and left side of the heart during foam sclerotherapy in patients with patent foramen ovale. However, we describe neurologic signs in two patients after foam sclerotherapy, whereas Rush and Wright state that none of the patients with cerebral foam emboli had neurologic symptoms or cerebral lesions on MRI.

Foam can be produced with a variety of agitation techniques that result in differences in bubble size and rate of reabsorption.[1] We applied the double syringe technique, which led to larger bubbles than Rush and Wright's specifically engineered Varisolve technique to dispense foam having a highly controlled bubble-size distribution. Moreover, for polidocanol-foam preparation, Rush and Wright used a very-low-nitrogen gas mixture, whereas we used room air, which is associated with increases in bubble number and size.[2] Therefore, we believe that the results of the two studies are difficult to compare.

Although we still believe that foam sclerotherapy is a safe procedure and routine screening for patent foramen ovale before foam sclerotherapy is not recommended, we also believe that further research regarding foam characteristics and consequences of foam emboli is necessary.

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2. Regan JD, Gibson KD, Ferris B, et al. Safety of proprietary sclerosant microfoam for saphenous incompetence in patients with R-to-L shunt: interim report. J Vasc Interv Radiol 2008;19:Suppl:S35. abstract.

Retraction: Gong Z et al. Injuries after a Typhoon in China. N Engl J Med 2007;356:196-7.

TO THE EDITOR: I request that our letter to the editor, "Injuries after a Typhoon in China,"[1] be retracted because much of it was previously published in Chinese journals.[2,3]

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1. Gong Z, Chai C, Tu C, Lin J, Gao Y, Qui Y. Injuries after a typhoon in China. N Engl J Med 2007;356:196-7.
2. Gong Z, Chai C, Tu C, et al. Epidemiologic study of the present status of injury to the population caused by typhoon Yunna. Natl Med J China 2005;85:3007-9. (In Chinese.)
3. Gong Z, Chai C, Tu C, et al. A field epidemiological study on the risk factors of injury caused by typhoon. Chin J Epidemiol 2006;27:773-6. (In Chinese.)

Treatment Outcomes in Extensively Resistant Tuberculosis

TO THE EDITOR: Extensively drug-resistant tuberculosis, which is defined as tuberculosis that is resistant to rifampin, isoniazid, a fluoroquinolone, and a second-line injectable agent, poses a major challenge for global health.[1-4] There are few published data from studies comparing treatment outcomes for patients with extensively drug-resistant tuberculosis with the outcomes for patients with multidrug-resistant tuberculosis, which is defined as tuberculosis that is resistant to at least isoniazid and rifampin.

Among a series of 205 consecutive patients