ERRATUM
The article “How to do a 3-minute diabetic foot exam” (J Fam Pract. 2014;63:646-656) incorrectly stated in Table 4 that chronic venous insufficiency is a high priority indication for referral to a specialist. It is not. The correct indications for this category include: presence of diabetes with a previous history of ulcer, Charcot neuroarthropathy, or lower extremity amputation. This information has been corrected in the online version of the article.

Have we done enough to educate patients about e-cigarettes?
Electronic cigarettes (e-cigarettes) have become popular in the United States over the past decade. They have been widely marketed as an alternative to tobacco and as a way to quit smoking.

While the negative effects of smoking tobacco are well known (having as few as one to 4 cigarettes a day triples the risk of coronary artery disease and pulmonary neoplasia), the potential risks of e-cigarettes are not as well known. There has been limited regulation and insufficient research into the harmful effects of inhaling their vapor.

The potentially harmful compounds within e-cigarette vapors include both organic and inorganic toxins. A study of the contents of numerous e-cigarette refills found formaldehyde and acrolein, along with several hydrocarbons. Lead, cadmium, and nickel were also found in e-cigarette refills and their inhaled vapors. Lead causes severe neurotoxicity, cadmium can cause organ damage, and inhaled nickel causes an inflammatory reaction in the lungs.

The risk-to-benefit ratio of e-cigarettes as a means of tobacco cessation and the health consequences of breathing their vapors cannot be established until research is completed. What we do know is that the nicotine in e-cigarette vapors maintains continued addiction.

It’s up to us as physicians to educate our patients about the potential harm of e-cigarette chemical toxicity and encourage cessation of both tobacco products and e-cigarettes.

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