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# No man is an island: e-cigarette, or vaping, associated lung injury in Europe

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The first case of e-cigarette, or vaping, associated lung injury (EVALI) diagnosed and treated in Europe reminds us to remain vigilant for this diagnosis, and importantly, that we are still learning about the full spectrum of risks of e-cigarette use <http://bit.ly/2Taultr>

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An outbreak of e-cigarette, or vaping, associated lung injury (EVALI) was noted in the USA starting in March of 2019 [1]. Although there have been prior reports of various lung diseases associated with e-cigarette use since they first came on the market in 2011 [2], the outbreak this summer was remarkable in the large number of patients affected (2409 reported hospitalised with 52 deaths as of 13 December, 2019 in the USA alone [1]) and the severity of lung injury. Although e-cigarette use is quite common in Europe [3], to date no cases of EVALI that developed in Europe have been reported. Questions regarding the geographic distribution of EVALI in the context of the global distribution and use of e-cigarettes have been raised. Even as reports of patients with EVALI in Canada [4], and South America [5] have arisen, uncertainty remains about whether the lack of EVALI cases elsewhere was due to lack of syndrome recognition, variation in the components and contaminants in the e-cigarette products, or alternative causes. While no single definitive cause of EVALI has been identified, vitamin E acetate has emerged as a substance of interest [1], and its use as a diluent in e-liquids, especially those containing THC (tetrahydrocannabinol), is intriguing. This observation invites speculation about the relative popularity of e-cigarettes in Europe and the simultaneous lack of EVALI cases reported here... until now.