

Unreviewed Reports

Retroperitoneal fibrosis presenting with isolated renal artery stenosis

Renal artery stenosis due to retroperitoneal fibrosis has been reported only once,¹ and in that case the stenosis was part of widespread vascular disease. Our patient, a 53 year old woman, had hypertension and uraemia, and radiological investigation and laparotomy showed extensive periaortic fibrosis extending to the left ureter and the right renal artery; she had a large left kidney and a small right one. No other abnormalities were found, and ureteric transplantation led to recovery. The rare simultaneous occurrence of a large and a small kidney may indicate a diffuse retroperitoneal lesion like retroperitoneal fibrosis.—M R MOOSA, T LAZAROU, *et al*, Department of Medicine, University of Witwatersrand, Baragwanath Hospital, Johannesburg 2013. (Accepted 9 January 1984)

¹ Conley JE, Boulanger WJ, Mendeloff GL. Aortic obstruction associated with methysergide maleate therapy for headaches. *JAMA* 1966;198:136-8.

Haematemesis after liver biopsy

Percutaneous liver biopsy has a mortality of about 0.1%.¹ Pain and haemorrhage are the commonest complications, and an organ is rarely penetrated. We report for the first time haematemesis three hours after needle biopsy in an elderly woman with chronic active hepatitis and normal clotting factors. Endoscopy showed bleeding from the duodenum, and the needle biopsy specimen showed a normal duodenum. The duodenum lies close to the right lobe of the liver and may be penetrated if the needle is inserted unnecessarily deeply or in too low an intercostal space or if the liver is cirrhotic and shrunken.—S N MARCUS, R J WALKER, Walton Hospital, Liverpool. (Accepted 6 February 1984)

¹ Terry R. Risks of needle biopsy of the liver. *Br Med J* 1952;i:1102-5.

Phaeochromocytoma and rhabdomyolysis

Rhabdomyolysis has never been associated with phaeochromocytoma, although two patients with phaeochromocytoma have developed transient renal failure and one had dark urine.¹ Our patient, a 47 year old man, was admitted with pulmonary oedema and renal failure. His urine was dark red. His oedema resolved with treatment, but the next day his creatinine kinase activity proved to be 30 000 IU/l. His biochemical abnormalities eventually returned to normal, but seven days after admission his blood pressure rose suddenly to 280/130 mmHg. Echography showed an adrenal mass, and a phaeochromocytoma was resected. We believe that catecholamines led to muscular ischaemia and rhabdomyolysis through severe peripheral vasoconstriction or heart failure.—J ORISTRELL-SALVÁ, A MIRADACANALS, *et al*, Department of Internal Medicine, Hospital Vall d'Hebron, Barcelona. (Accepted 21 February 1984)

¹ Leather HM, Shaw DB, Cates JE, Milnes WR. Six cases of phaeochromocytoma with unusual clinical manifestations. *Br Med J* 1962;ii:1373-8.

Continuing use of surma among Asians in Britain

The commercial importation into Britain of surma, a cosmetic that contains lead and which is applied to the eyes by Asians, was banned in 1978 because of worries about lead poisoning.¹ Yet all of 15 consecutive Asian mothers attending the east Oxford well baby clinic had surma in their homes (obtained personally from Asia). Only seven knew it was harmful, and seven were applying it regularly to their children's eyes. Furthermore, 13 used it themselves during

pregnancy. Neither the ban on imports nor health education is working, and I suggest that lead free surma be made available in Britain.—M E SHARMA, William Osler House, John Radcliffe Hospital, Oxford. (Accepted 7 March 1984)

¹ Aslam M, Davis SS, Healey MA. Heavy metals in some Asian medicines. *Public Health* 1979;93:274-84.

Effect of exercise on fibrinolysis

Exercise affects fibrinolysis and may be important for preventing coronary heart disease. We used the dilute blood clot lysis time (DBCLT) to measure this in six healthy men volunteers undertaking moderate exercise (3 kiloponds for 15 minutes on a bicycle ergometer). All volunteers showed a statistically significant increase (mean (SEM) 8.06 (1.23) before and 31.64 (3.39) after ($p < 0.001$)). Most previous studies have assessed fibrinolysis with the euglobin clot lysis time, which is technically more complicated and removes most of the fibrinolytic inhibitors from blood, whereas in the DBCLT the inhibitors are diluted and hence may be a better in vitro reflection of in vivo fibrinolysis.—AIDAN CHALLEN, JOHN H CUMMINGS, MRC Dunn Clinical Nutrition Centre, Addenbrooke's Hospital, Cambridge CB2 1QE. (Accepted 2 April 1984)

Abnormal liver function tests during measles epidemic in young adults

Two hundred and forty soldiers, aged 18-21, were admitted to a clinic with typical measles, and blood liver function tests performed in 131, at the peak of the disease. In 67 these were abnormal: two had raised bilirubin (1.7, 2.3 mg/dl); 54 and 58 raised aspartate or alanine transaminase (104 (SD 83) IU and 117 (84) IU, respectively) and 23 raised alkaline phosphatase activities (387 (SD 130) IU). Hence abnormal liver function values are probably relatively common in measles in young adults. The disturbances were mild in all cases and all 31 patients available for follow up recovered completely.—S ARIAD, G FRASER, *et al*, Soroka University Hospital and Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer-Sheva, Israel. (Accepted 2 April 1984)

An avoidable death?

An 8 year old boy developed malignant hyperthermia after an uneventful laparotomy by a visiting medical team to suture a possible perforated abdominal viscus. As this was in a Third World country the only sources of cooling were bottles of soda pop, tap water, and fans; monitoring equipment was only a stethoscope and a blood pressure cuff; and he died after 1½ hours. Visiting medical teams should carry a malignant hyperthermia kit comprising dantrolene, sodium bicarbonate, frusemide, mannitol, procainamide, regular insulin, 50% glucose, instant ice, and portable ECG/defibrillator.—S I SAMUELS, J WYNER, Stanford University Medical Center, Stanford, California, USA. (Accepted 3 April 1984)

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