

Unreviewed Reports

Crohn's disease, folic acid, and neural tube defects (NTD)

If normal maternal folate concentrations are required for neural tube closure, then lowering these might increase NTD incidence. Thus aminopterin caused anencephaly after use as an abortifacient.¹ We have seen two infants with NTD (one rachischis, one anencephaly) born to women with Crohn's disease (one treated with salazopyrine, the other untreated). Over half of patients with Crohn's disease are folate deficient. Blood folate concentrations were normal in both patients but were measured well after neural tube closure. Possibly these cases are coincidental, but any increased risk of NTD in these circumstances should be investigated.—RENEE H MARTIN, CARL NIMROD, University of Calgary, Canada. (Accepted 15 June 1984)

¹ Thiersch JB. Therapeutic abortions with folic acid antagonist, 4-amino-pteroylglutamic acid (4 amino PGA) administered by oral route. *Am J Obstet Gynecol* 1952;62:1298-1304.

Major epileptic seizures and topical gammabenzene hexachloride

A 23 year old man with scabies covered his trunk and limbs completely with gammabenzene hexachloride (Quellada). Twelve hours later he felt tired, weak, and dizzy; vomited several times; had difficulty in balance and slurred speech. These features cleared within 12 hours. After a second application, one week later, he lost consciousness three times but recovered after 24 hours. The manufacturer reports a fit in an infant treated with Quellada and incidents after ingesting gammabenzene hexachloride, but the CSM have none. Patients, particularly with little body fat, should be advised not to bathe before applying gammabenzene hexachloride and should be observed for 24 hours after application.—J DEREK ETHERINGTON, general practitioner, Plymouth PL3 4AD. (Accepted 15 June 1984)

Sexual dysfunction in women due to bromocriptine

Three middle aged, infertile women with hyperprolactinaemia reported sexual dissatisfaction and a decrease in libido while receiving bromocriptine (Parlodel, Sandoz). They recovered after treatment had been stopped. One of them had the same experience during two separate periods of treatment. Ovulation and an increase in progesterone concentrations during treatment were confirmed. A similar effect was noticed in women using oral contraceptives with a high progesterone content. No similar cases have been reported to the manufacturer or the Committee on Safety of Medicines. In contrast, lowering prolactin concentrations in men has been reported to improve sexual function.¹—A K SALEH, M A A MOUSSA, Departments of Obstetrics and Gynaecology and Community Medicine, Faculty of Medicine, Kuwait University, Salmiya, Kuwait. (Accepted 2 July 1984)

¹ Carter JN, Tyson JE, Tolis G, Van Vliet S, Fairman C, Friesen HG. Prolactin-secreting tumors and hypogonadism in 22 men. *N Engl J Med* 1978;299:847-52.

Opiate induced rhabdomyolysis

A woman, after taking an overdose of Diconal tablets (dipipanone hydrochloride 10 mg and cyclizine hydrochloride 30 mg), had a raised serum myoglobin concentration and hypocalcaemia and developed acute renal failure secondary to myoglobinuria. Another woman, after taking dihydrocodeine, had a grossly increased plasma dihydrocodeine concentration (184 µg/l) 24 hours after admission. She also had an increased serum myoglobin concentration and hypocalcaemia but an only moderately increased serum creatinine concentration (261 µmol/l (3 mg/100 ml)). A man, after taking 1.8 g slow release morphine (MST Continus), had an increased serum myoglobin concentration, hypocalcaemia, and a transient rise in serum creatinine concentration. Acute rhabdomyolysis should

be considered in patients who take overdoses of opiates.¹—P G BLAIN, R J M LANE, *et al*, Wolfson Unit of Clinical Pharmacology, University of Newcastle upon Tyne, Newcastle upon Tyne NE1 7RU. (Accepted 2 July 1984)

¹ Richter RW, Challener YB, Pearson J, Kagen LJ, Hamilton LL, Ramsey WH. Acute myoglobinuria associated with heroin addiction. *JAMA* 1971;216:1172-6.

Defective luteal phase supported by pulsatile luteinising hormone releasing hormone

Pulsatile luteinising hormone releasing hormone has not until now been used only to support the corpus luteum.¹ Ovulation was induced three times with human chorionic gonadotrophin in a 27 year old woman with a positive feedback defect; subsequent luteal phases lasted eight, six, and nine days. When menses started (luteal day 9) in the last cycle pulsatile intravenous luteinising hormone releasing hormone was infused. After four days the bleeding stopped (progesterone 84 nmol/l (2.64 µg/100 ml)). Six days after the start of treatment pregnancy testing yielded a positive result.—L D ROSS, East Anglian regional research fellow, Rosie Maternity Hospital, Cambridge CB2 2SW. (Accepted 6 July 1984)

¹ Mason P, Adams J, Morris DV, *et al*. Induction of ovulation with pulsatile luteinising hormone releasing hormone. *Br Med J* 1984;288:181-5.

Marathon runners and bleeding into the gut

In a short report I suggested that unrecognised bleeding is common in runners during marathon races and postulated some possible contributory factors.¹ These did not include unsuspected early malignancy. In one subject stool specimens were negative for melaena before each of two marathon races, positive immediately after each race, and then subsequently negative. Five months after the second of the two races he died, aged 48, of carcinoma of the head of the pancreas. Melaena should always be investigated.—A M W PORTER, 37 Upper Gordon Road, Camberley, Surrey. (Accepted 6 July 1984)

¹ Porter AMW. Do some marathon runners bleed into the gut? *Br Med J* 1983;287:1427.

Essential thrombocythaemia and Bence Jones myeloma

An 80 year old woman presented with a two month history of back pain, dizziness, anorexia, and weight loss. Investigations showed a raised platelet count (910 × 10⁹/l), Bence Jones proteinuria (λ chains 1.2 g/l), immunoparesis (IgG 2.7 g/l, IgA 0.4 g/l, IgM 0.7 g/l), osteolytic lesions and plasma cell infiltration (36%) with megakaryocytosis, and adequate iron stores in the bone marrow. Bence Jones myeloma and essential thrombocythaemia were diagnosed by exclusion. These two independent cell lines are due to bilineage proliferation of the primitive stem cell, analogous to biclonal myeloma. Essential thrombocythaemia has previously been reported with IgG and IgA myeloma¹ but not with Bence Jones Myeloma.—P GHOSH, Geriatric Department, St Mary Abbots Hospital, London W8 (Accepted 13 July 1984)

¹ Selroos O, Van Assendelft A. Thrombocythaemia and multiple myeloma. *Acta Med Scand* 1977;201:243-7.

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