

Unreviewed Reports

Raised creatinine phosphokinase activities in hepatic porphyria

In a 22 year old man with hereditary coproporphyrinuria and a 36 year old man with acute intermittent porphyria creatinine phosphokinase activities rose to 7·14 and 1350 mU/ml (normal 30-230 mU/ml) and creatinine phosphokinase MB activities to 342 and 54 U/l (normal 0-18 U/l) respectively during relapse. Both showed normal malic dehydrogenase activities and meaningless variations in lactate dehydrogenase and aspartate transaminase activities. In the absence of electrocardiographic and muscular necrosis signs,¹ we suggest that the increase in creatinine phosphokinase activities depended on the BB fraction, probably coming from Meissner and Auerbach plexi.—RAFFAELE MANNA, V ANNESE, Istituto di Clinica Medica, Università Cattolica del Sacro Cuore, 00168 Rome, Italy. (Accepted 2 January 1985)

¹ Gabow PA, Kaehng WP, Kelleher SP. The spectrum of rhabdomyolysis. *Medicine* 1982;61:141-52.

Aspergillus extradural abscess in an immunologically competent host

A 54 year old man was admitted with back pain and gradual onset of the Brown-Séquard syndrome. Laminectomy at T4 showed a spinal epidural abscess containing hyphae. *Aspergillus fumigatus* grew from pus culture. Recovery was uneventful after surgery and treatment with amphotericin. Tests of immunological competence, including immune complexes, IgE, and T and B cell determinations, were normal. *Aspergillus* is rarely pathogenic in man, although the incidence of infection is increasing owing to the increasing pool of immunologically compromised hosts. To our knowledge this is the first report of aspergillus extradural abscess in a host known to be immunologically competent.—LOUIS POBERESKIN, J R W GLEAVE, Department of Neurosurgery, Addenbrooke's Hospital, Cambridge CB2 2QQ. (Accepted 8 January 1985)

Hepatotoxic effect of nomifensine

A 55 year old woman was treated for anxiety with nomifensine. Two weeks later she developed disturbed liver function. Liver needle biopsy showed lymphocyte infiltration with mild cholestasis. After the drug had been withheld liver function returned to normal. Rechallenge with nomifensine again showed its hepatotoxic effect. Nomifensine is a new antidepressant unrelated to the tricyclics or monoamino-oxidase inhibitors. A quarter of the drug is in a conjugated form and is eliminated through the kidneys. Hepatotoxic reaction after administration of nomifensine has not previously been reported.¹ Further investigations are required.—C ZUR-BINENBOIM, S KEIDAR, Kibbutz Usha, Israel. (Accepted 14 January 1985)

¹ Stonier PD, Wittels PY. *Clinical profile of nomifensine*. London: Royal Society of Medicine, 1980:31-47. (Royal College of Medicine International Congress Symposia, series No 25.)

Reaction to beclomethasone dipropionate nasal spray

A 28 year old woman was treated for allergic rhinitis with beclomethasone dipropionate nasal spray, two puffs (100 µg) into each nostril three times a day. One week later she developed painful intranasal nodular lesions, which progressed rapidly into haemorrhagic superficial ulcers affecting the whole of the nasal mucosa. Nasal swabs from both nostrils grew no organisms. The ulceration subsided over two weeks after stopping the beclomethasone dipropionate nasal spray. Haemorrhagic mucosal ulceration has not

been reported previously as a side effect of beclomethasone dipropionate nasal spray, which is widely used in the treatment of allergic rhinitis.—N DOBLE, Department of Allergy, St Mary's Hospital, London W2 1NY. (Accepted 16 January 1985)

Spontaneous abortion after a weever fish sting

A 34 year old, white woman was stung in the foot by a weever fish when six weeks pregnant. She had never been pregnant before and had had regular menstruation since menarche at 14 years. She felt excruciating pain locally, general muscle cramping, and colicky pains similar to but stronger than those of menstruation. The symptoms subsided with local treatment, but she continued to have bloody vaginal discharge and, three weeks later, metrorrhagia followed by abortion. Although weever fish stings are related to stimulation of the skeletal and visceral muscles, they have never before been related to abortion.¹—ROGERIO A F GONZAGO, Servizio de Propedeutica Cirurgica, Faculdade de Medicina, Hospital de S Joao, Portugal. (Accepted 25 January 1985)

¹ Gonzago RAF. Venomous stings on the seashore of Europe. *Postgrad Med* (in press).

Sclerosing peritonitis associated with atenolol

A 77 year old man presented with a three month history of cancer like illness; his abdomen was distended with 1·7 l of ascitic fluid and painful. He had had atenolol 100 mg a day for five years for hypertension. Laparotomy showed a thick membrane around the whole bowel with multiple adhesions, similar to descriptions of early sclerosing peritonitis. Microscopic investigation showed the same picture as has been seen with other β adrenergic blocking drugs. As sclerosing peritonitis has been associated with several β blockers¹ atenolol is likely to have been the predisposing factor in this case.—BENT VERNER NIELSEN, KARSTEN G PEDERSEN, Nyborg Hospital Surgery and Medical Department, Nyborg, Denmark. (Accepted 28 January 1985)

¹ Brown P, Baddely H, Read AD, *et al*. Sclerosing peritonitis, an unusual reaction to a beta-adrenergic blocking drug. *Lancet* 1974;ii:1477-81.

Transient proximal muscle weakness: a sign of portal systemic encephalopathy?

A 52 year old woman with postnecrotic cirrhosis, a mesocaval shunt, and intermittent grade II portal systemic encephalopathy presented with difficulty in rising, particularly when she had asterixis and slurred speech. All muscles had normal strength except the hip flexors. The portal systemic encephalopathy and muscle weakness resolved with a protein free diet and reappeared with the reintroduction of protein. Return to a protein free diet and lactulose cleared all symptoms. The lack of any other explanation for the muscle weakness and its correlation with the encephalopathy suggest that muscle weakness may be a sign of portal systemic encephalopathy.—K M DE BRUIJN, L M BLENDIS, Department of Medicine, Toronto General Hospital and University of Toronto, Toronto, Ontario, Canada. (Accepted 28 January 1985)

Correction

Plantar fasciitis in patients with cystic fibrosis

An error occurred in this unreviewed report by E H Sawicka and others (19 January, p 208). The erythrocyte sedimentation rate should have been 25 mm in the first hour not 250 mm.