

Unreviewed Reports

Hepatic mesenchymoma in an adult

A 21 year old woman presented with abdominal pain and a mass in the right upper quadrant. At laparotomy a huge tumour (2.25 kg) was found arising from and largely replacing the left lobe of the liver. Left hepatic lobectomy was carried out. Histological examination showed a malignant mesenchymoma—a tumour that is exceedingly rare outside childhood.

Oral contraceptives have been incriminated in the aetiology of hepatic tumours.¹ This patient had been taking the pill (Norinyl-1) for 66 months, and this may have been a relevant factor in the development of her hepatic mesenchymoma.—D G MACHIN, R B CROSBIE, Department of Surgery, Royal Liverpool Hospital, Liverpool L7 8XP. (Accepted 9 January 1986)

1 Neuberger J, Nunnerley HB, Davis M, Portman B, Laws JW, Williams R. Oral-contraceptive-associated liver tumours: occurrence of malignancy and difficulties in diagnosis. *Lancet* 1980;i:273-6.

Conception two months after starting danazol 600 mg daily

Patients are commonly advised to take no extra contraceptive precautions while taking danazol 400 mg or more, despite the contrary recommendation of the Association of British Pharmaceutical Industries data sheets, and one British report of conception during the first month of treatment.¹ Our patient was put on 600 mg daily for endometriosis and despite good compliance conceived two months later. Women should be counselled that danazol is not 100% effective as a contraceptive. Failure is particularly likely early in treatment or, as in this case, if episodic vaginal bleeding continues. Conception carries the risk of masculinisation of a female fetus.—J GUILLEBAUD, Margaret Pyke Centre, London W1V 5TW. (Accepted 15 January 1986)

1 Shaw RW, Farquhar JW. Female pseudohermaphroditism associated with danazol exposure in utero. *Br J Obstet Gynaecol* 1984;91:386-9.

Resolution of psoriasis with low dose cytosine arabinoside

A 52 year old woman with extensive psoriasis unresponsive to conventional treatment presented with acute leukaemia after myelodysplasia. She was treated with low dose cytosine arabinoside, 30 mg daily subcutaneously. Her psoriasis improved dramatically after only two doses, and after five doses it had virtually resolved. The therapeutic use of methotrexate in psoriasis has been limited by hepatic and marrow toxicity.¹ Experience with low dose cytosine arabinoside in patients with leukaemia has shown it to be well tolerated and less myelosuppressive than many other cytotoxic agents. Further assessment of the effectiveness and tolerance of cytosine arabinoside in refractory psoriasis is suggested.—A S DUNCOMBE, T C PEARSON, Department of Haematology, St Thomas's Hospital, London SE1 7EH. (Accepted 20 January 1986)

1 Baker H, Wilkinson DS. Psoriasis. In: Rook A, Wilkinson DS, Ebling FJG, eds. *Textbook of dermatology*. Oxford: Blackwell Scientific, 1979:1343-6.

Non-cholera vibrio bacteraemia associated with acute cholecystitis

A previously healthy 74 year old woman presented with acute cholecystitis, and a non-O1 *Vibrio cholera* was isolated from her blood. She recovered with conservative management and a course of cefotaxime. The vibrios could not be isolated from faeces taken during the first admission or from bile sampled at elective cholecystectomy six weeks later, although both specimens were

taken after parenteral antibiotics had been given. This association has not been previously reported, and the source of the vibrio is unexplained as the patient had no preceding diarrhoeal illness¹ and no recent history of foreign travel or contacts with symptomatic patients.—P T MANNION, S MELLOR, Department of Microbiology, Royal Sussex County Hospital, Brighton BN2 5BE. (Accepted 20 January 1986)

1 Morris JG Jr, Black RE. Cholera and other vibrioses in the United States. *N Engl J Med* 1985;312:343-50.

Rectal foreign bodies and the acquired immune deficiency syndrome (AIDS)

Recently we have seen an increased number of patients with rectal foreign bodies—vibrators and dildos 18 to 38 cm long. We suspect that the use of such "toys" is associated with anxiety about AIDS, and has been increased by the suggestions of the Terence Higgins Trust, *Capital Gay*, and the *Gay Times* who all advocate their use for "safe sex." Bowel perforation is a well recognised complication of rectal foreign bodies.¹ Medical staff must be aware of this complication and not allow their apprehension about AIDS to prevent them from taking a full history and adequately examining these patients.—H T MILLINGTON, C J WAKELEY, Accident and Emergency Department, Charing Cross Hospital, London W6 8RF. (Accepted 22 January 1986)

1 Goligher J. *Surgery of the anus, rectum, and colon*. Eastbourne: Baillière Tindall, 1984.

Generalised fixed drug eruption associated with nifedipine

An 80 year old man was admitted with an erythematous pruritic skin eruption. Before admission he had been taking nifedipine, frusemide, and digoxin. A probable diagnosis of generalised bullous fixed drug eruption was made. Treatment with nifedipine was stopped, frusemide was replaced by hydrochlorothiazide, and he gradually improved. One month later he resumed taking nifedipine of his own accord, and the eruption reappeared in the previously affected areas as well as at new sites, confirming that nifedipine was responsible for the eruption. The manufacturers and medicines committee are unaware of any similar reports, although nifedipine has been associated with erythematous oedema of the legs.¹—J ALCALAY, M DAVID, Department of Dermatology, Beilinson Medical Center, Petah Tiqva 49100, Israel. (Accepted 24 January 1986)

1 Bridgman JF. Erythematous oedema of the legs due to nifedipine. *Br Med J* 1978;i:578.

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