

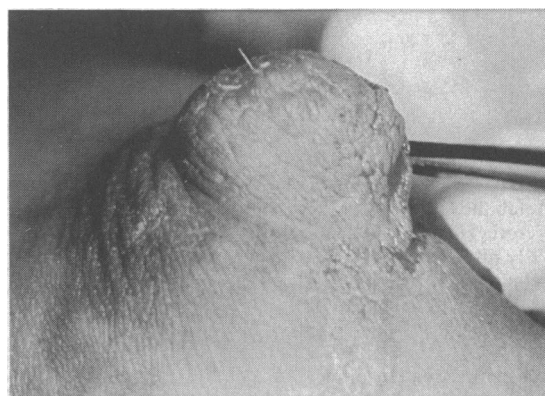
Comment

Pilonidal disease was first described in 1847. Although it is common in the sacrococcygeal region of the natal cleft, it is a ubiquitous disorder that has been described in the perineum, the suprapubic region, the axilla, the umbilicus, and the interdigital clefts of barbers' hands.² Pilonidal disease of the areola is rare. There is a report of a pilonidal sinus caused by a dog hair in a canine beautician³ and a similar report in roustabouts (sheepshearers' assistants, who carry shorn wool close to their breast), which also mentions two cases of pilonidal breast disease in hairdressers.⁴

Interestingly, our patient had recently begun to cut men's hair. This is in keeping with the observations of Currie *et al*, who found interdigital sinuses in men's but not women's hairdressers.⁵

Our patient should be able to prevent recurrence by wearing closely woven nylon overalls that prevent the passage of hair through clothing. Failing that the roustabouts' technique of using wide strips of sticking plaster to cover their nipples might be effective.

In this report the history and clinical finding of hair in the mammary ducts rather than in the cavities of the abscess indicated that the abscesses were pilonidal. Despite the clear history, however, the condition was extremely difficult to diagnose, and pilonidal disease



Nipple showing protruding hairs

may cause periareolar inflammation and abscesses more frequently than has been recognised.

- 1 Walker JC, Sandison AT. Mammary duct ectasia: a clinical study. *Br J Surg* 1964;51:350-5.
- 2 Goligher JC. *Surgery of the anus, rectum and colon*. 5th ed. London: Baillière Tindall, 1984:221-35.
- 3 Banerjee A. Pilonidal sinus of nipple in a canine beautician. *Br Med J* 1985;291:1787.
- 4 Bowers PW. Roustabouts and barbers' breasts. *Clin Exp Dermatol* 1982;7:445-8.
- 5 Currie AR, Gibson T, Goodall AL. Interdigital sinuses of barbers' hands. *Br J Surg* 1953;41:278-86.

Pacemaker twiddler: A twist in the tail?

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In patients with degeneration of the cardiac conduction system permanent pacing relieves symptoms, prevents syncope, and prolongs life. An uncommon complication is the pacemaker "twiddler" syndrome. First described by Bayliss *et al*,¹ it is thought to occur when an implanted pulse generator is rotated in either the subpectoral² or abdominal position,³ resulting in traction on the pacing lead. Failure of the pacing system occurs if the lead is displaced or fractured.

Case report

A previously active middle aged male patient of German descent was referred to us because of recurrent

syncopal attacks. Initial examination showed a heart rate of 70-100 beats/minute, but an electrocardiogram showed periods of sinus bradycardia and second degree atrioventricular block. A permanent programmable ventricular pacing system was therefore inserted. A tined ventricular lead was passed to the apex of the right ventricle through the jugular vein,⁴ and a pulse generator was inserted. An electrocardiogram taken after the operation showed that the pacer was functioning normally, and a lateral chest x ray film confirmed that the lead was in a good position (figure (left)). The response was dramatic, and he returned to normal activities including running and hunting.

Six months later repeated syncopal attacks associated with bradycardia suddenly recurred. An electrocardiogram showed atrial fibrillation with complete heart block. Regular pacing spikes were visible, but there was no ventricular capture, indicating failure of both sensing and pacing. A chest x ray film showed considerable coiling of the pacing lead with displacement of the tip into the right atrium (figure (right)).

Comment

Late displacement of the ventricular lead is now uncommon because the use of tined pacing leads allows growth of tissue around the tip. In this case there must have been considerable traction as displacement occurred six months after the lead was inserted. Previous reports of the pacemaker twiddler syndrome have usually described cases in which simple traction without obvious coiling resulted in displacement of the lead,^{1,2} and one described extreme intracardiac coiling⁵ without displacement.

Our rather unusual case may offer insight into the mechanism in at least some cases of the twiddler syndrome. The second x ray film showed that even though the lead was displaced there was considerable coiling, which had effectively shortened the lead (figure (right)). Probably repeated rotation of the pulse generator over the six months had resulted in even more coiling, and this had provided enough continual traction on the pacing tip eventually to cause displacement.



Lateral chest x ray films. Left: confirming satisfactory position of pacing lead. Right: showing coiling and displacement of pacing lead six months later

Generally the syndrome is thought to be caused by patients "playing" with their pacemaker, hence the name twiddler. Few, if any, patients admit to such interference, but convincing their doctors of their innocence may be difficult. Are they guilty? Could this 9 year old Weimaraner have twiddled his pacemaker (situated on the superior aspect of his neck) with his hind paws? We believe that rotation of the pacemaker caused by local muscular action during normal activities is more likely.

- 1 Bayliss CE, Beanlands DS, Baird RJ. The pacemaker twiddler's syndrome: a new complication of implantable transvenous pacemakers. *Can Med Assoc J* 1968;99:371.
- 2 Sorkin RP, Schurmann BJ, Simon AB. Radiographic aspects of permanent cardiac pacemakers. *Radiology* 1976;119:281-6.
- 3 Tegtmeyer CJ, Deignan JM. The cardiac pacemaker: a different twist. *American Journal of Roentgenology* 1976;126:1017.
- 4 Darke PGG, Been M, Marks A. Use of a programmable, "physiological" cardiac pacemaker in a dog with total atrioventricular block (with some comments on complications associated with cardiac pacemakers). *Journal of Small Animal Practice* 1985;26:295-303.
- 5 Kouba C, Liu D, Everett G, Kerber RE. Extreme intracardiac coiling of a transvenous pacemaker: a case report. *PACE* 1985;8:360-3.

Cauliflower ears, opium, and Errol Flynn

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The appearance of cauliflower ears in elderly Chinese patients may indicate a history of opium abuse.

Case report

An 81 year old Chinese gentleman was admitted to hospital with pulmonary tuberculosis and renal failure. He was born in Canton in southern China in 1907 during the final years of the Ching dynasty. He received no formal education and began working as a labourer during his childhood. His father, grandfather, and most of their men friends and relatives regularly took opium. It was unusual for women to smoke opium at that time and his mother abstained.

The patient began to use opium regularly at the age of 20 and quickly became addicted, smoking two pipes daily for most of his life. Smoking took place in one of

the many dens which were often built of stone and were furnished with several wooden or stone beds (fig 1). Opium was freely available and could be bought either in the dens or from street sellers. At that time the drug was sold in the form of a black paste which was stored in jars and could be bought by the scoop.

In the 1920s each pipe of opium would cost the equivalent of half a pence which represented one quarter of a coolie's daily income. The expense of the patient's addiction is the reason he gives for never having married. In the early 1930s the patient moved to Hong Kong where he continued to take opium regularly, finally giving up the habit at the age of 70 because of frequent arrests by the police.

The patient gave no past history of contact sport such as boxing or rugby football, or other activities likely to lead to auricular trauma. On examination bilateral swollen and mishapen auricles or cauliflower ears were observed (fig 2).

Comment

In the late eighteenth century trade between China and Great Britain was active. The protectionist policy of the Chinese administration ensured that tea and silk



FIG 1—Chinese opium smokers 1841. Drawn by T Allom, engraved by G Paterson