of the bladder, and then by sequential renal function tests. The preoperative reduction in glomerular filtration rate and effective renal plasma flow found in our

Glomerular filtration rates, effective renal plasma flows, and filtration fractions before and after prostatectomy for three patients studied

patients suggested powerful renal vasoconstriction, possibly due to neurogenic or humoral influences. The stimulus to this might be a raised renal pelvic pressure, although this is, however, appreciably lower than the bladder pressure measured concurrently.⁴

Surgical relief of chronic retention was accompanied by a prompt and sustained rise in glomerular filtration rate and effective renal plasma flow that persisted for several years. Possibly this prolonged recovery of renal function might have been due to amelioration of vasoconstrictive changes, with a gradual process of regeneration of the residual nephron population due to functional adaptation. This latent improvement of renal function was not inhibited by recrudescence of hypotension in one patient, and this suggests that hypertension is not an adverse factor for renal function in these circumstances. Renal damage is probably related to the duration and degree of the preceding high pressure chronic retention, but this might be difficult to prove as the high pressure chronic retention syndrome may be clinically silent, or may present with secondary effects such as hypertension or cardiac failure. Unfortunately, the duration of secondary hypertension, which is probably a late manifestation, gives no indication of how long high pressure chronic retention has been present. Whether the renal damage is reversible depends on the timing of surgical intervention. It is therefore imperative to avoid long delays in referral to hospital and to circumvent lengthy waiting lists to expedite urological assessment and early prostatectomy.⁵

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Anaphylaxis induced by peanuts

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We report four cases of severe anaphylactic reaction to peanuts.

Case reports

Case 1—A 23 year old man with asthma who had had allergic reactions to nuts from the age of 3 became unwell while eating a Chinese meal that included satay (ground peanut) sauce. While returning to his hotel to get adrenaline that had been prescribed for self administration he became increasingly short of breath. About 30-40 minutes after starting the meal he collapsed and vomited and had a cardiorespiratory arrest. Cardiopulmonary resuscitation was started, and an ambulance crew intubated him and recorded ventricular fibrillation. On arrival at this hospital he was asystolic and resuscitation was unsuccessful. Post-mortem examination showed features of acute asthma and some aspiration of the contents of the stomach.

Case 2—A 20 year old man with a history of allergic reactions to nuts collapsed after inadvertently eating

part of a meal containing peanuts. He had deliberately induced vomiting but had become increasingly short of breath and cyanosed. He subsequently had a cardiorespiratory arrest. Despite rapid transfer to this hospital and intensive resuscitation he died. Post-mortem examination showed features consistent with death due to acute asthma.

Case 3—A 21 year old man with a history of asthma and allergy to nuts presented to the casualty department of this hospital severely cyanosed and with loud wheezing. He was given oxygen and nebulised salbutamol but within minutes had a generalised convulsion followed by a cardiorespiratory arrest (with asystole). He was intubated, and cardiac massage was started. He was given intravenous adrenaline, which resulted in the return of sinus rhythm, and intravenous aminophylline and hydrocortisone. Very high airway inflation pressures were noted. He recovered rapidly and was extubated within four hours. The next day his condition was normal. A more detailed history was obtained: he had developed an identical reaction two years previously after inadvertently eating walnuts; had had allergic reactions to nuts from the age of 6; and felt panicky and breathless within two to 30 minutes of eating small quantities of several nuts. He deliberately avoided these nuts, and if he accidentally ate even minute quantities he would induce vomiting. On the day that he presented to us he had bought packets of dried food dressing, thinking that they did not contain

Test and allergen	Case 1	Case 3	Case 4
Radioallergosorbent test (mean (SE) % uptake of IgE antibody labelled with iodine-125):			
Control (human serum albumin)	0.78 (0.07)	0.66 (0.17)	0.70 (0.11)
Peanut	32.59 (1.07)	33.60 (1.99)	34.26 (0.26)
Pea	13.50 (0.67)	11.64 (0.23)	7.89 (0.35)
Soyabean	14.70 (0.75)	9.11 (0.35)	7.74 (0.18)
White bean	4.87 (0.24)	1.82 (0.02)	1.29 (0.03)
Lentil	7.13 (0.04)	0.42 (0.02)	
Brazil nut	15.24 (0.84)	5.18 (0.26)	6.31 (0.48)
Hazel nut	4.25 (0.28)	3.86 (0.25)	2.52 (0.06)
Almond	2.63 (0.09)	1.02 (0.04)	
Skin prick test*:			
Peanut	Positive	+++++	+++++
Other legumes and nuts	Positive	+ to ++++	+ to ++
Inhalants	Positive	Positive	Positive
Total serum IgE (kU/l) (normal <180)†	550	310	170
Plasma methylhistamine (µg/l) (normal <0.6)†	7.2		0.6 (Late sample)
Serum eosinophil cationic protein (µg/l) (normal <33)	92		120
Leucocyte histamine release test in vitro	Cells desensitised*		

*Test done in patient's home country (United States in case 1, United Kingdom in case 3, Denmark in case 4).

†Test done at height of reaction in case 1 and six hours afterwards in case 4; material for measurements obtained from Pharmacia.

nuts; subsequent examination showed that they contained pieces of peanut.

Case 4—A 15 year old boy with a history of asthma and allergy to nuts developed less severe manifestations than those seen in cases 1-3 after eating a piece of cake containing nuts.

Comment

A few anaphylactic reactions to foods have been reported in the United Kingdom,¹ but none were fatal and in most cases specific IgE antibody was either not

measured or found to be negative. Many more cases have been reported in the United States,² although data on their incidence are scanty. Data on fatal reactions are even more rare, and we have found a single report of seven such cases, all in the United States³; four of these reactions were due to peanuts.¹⁴ Botanically the peanut is a legume, not a nut.

Strongly positive results of skin tests and radioallergosorbent tests (table) indicated the severity of the allergy to peanuts in three of our four cases. Further evidence of an allergic reaction was obtained with other tests in cases 1 and 4. Despite the rarity of such reactions our four patients presented within 18 months. All four were aware of their allergies but could not avoid the allergen. In most of the fatal cases reported food was ingested away from home. Intake of alcohol, reliance on antihistamines, and denial of early symptoms were among the factors that seem to have contributed to the severity of the reaction and failure of resuscitation. Cardiorespiratory arrest occurred in cases 1-3, and the cardiac component ("cardiac anaphylaxis") may have been important.⁵

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Vegetableburger allergy: all was nut as it appeared

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Beefburgers are a long established, popular type of food in both takeaway shops and many restaurants. Because of the increased demand for vegetarian food the sale of the "vegetableburger" is now widespread. These are often found alongside beefburgers on menus. We describe an allergic reaction to a vegetableburger that was mistaken for a beefburger.

Case report

A 28 year old dentist presented to the casualty department after a meal at a local cafe. She and her friends had ordered beefburgers, which were served in baps along with french fried potatoes and salad. After taking a bite from what she believed to be the beefburger she had ordered, she felt an immediate burning sensation in her mouth. Pharyngeal oedema soon developed, followed by widespread erythema, urticarial lesions on her upper chest, and bronchospasm. In the casualty department she was treated successfully with intravenous corticosteroids, antihistamines, and nebulised bronchodilators and discharged home after overnight observation.

Comment

Our patient had a history of allergy to peanuts since childhood; ingesting peanuts caused the same constellation of symptoms cited above. She had successfully and fastidiously avoided eating peanuts until this occasion. Unfortunately, the vegetableburger, like many that are sold, contained peanuts. Mild anaphy-

laxis was thus induced. The similarities in appearance and presentation of the vegetableburger and the beefburger had prompted her mistake.

Allergy to peanuts in childhood may persist for many years¹ and can be fatal.² The accidental ingestion of peanut antigen in a disguised form was described in a patient who died after eating it in almond icing.³ This episode in our patient highlights the potential danger of vegetarian food to the beefburger eating, peanut allergic, carnivore, which is born out of a modern trend for eating this type of food.

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- 3 Evans S, Skea D, Dolovitch J. Fatal reaction to peanut antigen in almond icing. *Can Med Assoc J* 1988;139:231-2.

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Corrections

New antiviral and antifungal drugs

Two authors' errors occurred in this article by Dr Peter Davey (24 March, p 793). The first paragraph of the section on interferons on p 796 states that "only interferon alfa-2a (Roche) is currently licensed to combat Kaposi's sarcoma in patients with AIDS." This is incorrect as Schering-Plough (formerly Kirby-Warrick) have a product licence for interferon alfa-2b (Intron A) for this indication and also for intralesional injection in patients with condyloma acuminatum (genital warts). Also, on p 795 the cost of zidovudine 200 mg six times a day was quoted as £13.75 a day; this cost was reduced to £11.00 on 20 September 1989.

Signs of illness preceding sudden unexpected deaths in infants

An editorial error occurred in this article by Dr Ruth E Gilbert *et al* (12 May, p 1237). The acknowledgments should have stated that Dr Gilbert was supported by a grant from the Foundation for the Study of Infant Deaths and Bath Unit for Research in Paediatrics and that Dr Yehu Azaz was supported by a grant from Action Research for the Crippled Child.