Bacterial meningitis due to enterobacter agglomerans

A 34 year old woman presented three weeks post partum with a two day history of headache, photophobia, and altered consciousness. She was feverish with meningism, right facial weakness, and a Bartholin’s abscess. *Enterobacter agglomerans* was isolated from her cerebrospinal fluid. She subsequently made a complete recovery. *Enterobacter agglomerans* is a plant pathogen that was first isolated from man in the mid ’sixties,’ when it was thought to have been an opportunistic infection. It has since been associated with primary pneumonia and lung and brain abscesses. This is the first report of this organism causing bacterial meningitis.—J P BURKE, N CALLAGHAN, Department of Neurology, Cork Regional Hospital, Ireland. (Accepted 3 October 1985)

An unusual case of upper gastrointestinal haemorrhage

An 80 year old man presented with a three day history of passing melaena stools. There had been no dyspepsia, haematemesis, or relevant drug ingestion. He was a non-smoker and drank little alcohol. Oesophagogastroduodenoscopy showed active bleeding from beyond the duodenal bulb, the exact site not being visible. This did not settle. Laparotomy showed a diverticulum on the convex aspect of the second part of the duodenum, within which lay a polyp, the source of the haemorrhage. Histology confirmed this to be a villous adenoma. Although duodenal diverticula are well described,1 an association with adenomas has not been reported. —F C MILLARD, N F G HOPKINS, Department of Surgery, Northampton General Hospital, Northampton NN1 5BD. (Accepted 7 October 1985)

Primary lymphoedema with adult polycystic disease

A 48 year old man presented with chronic bronchitis and swelling of his legs. The swelling, initially unilateral, had been present from birth. His father had a similar history. Examination showed the typical features of primary lymphoedema. The liver was enlarged 6 cm below the costal margin. Ultrasonography showed multiple hepatic and renal cysts typical of adult polycystic disease. Primary lymphoedema and adult polycystic disease are both rare autosomal dominant diseases,1 and both have associated abnormalities. We believe this is the first report of a patient with these apparently unrelated diseases.—S LEACH, M H OELBAUM, Department of Medicine, Northern Manchester General Hospital, Manchester M8 6RB. (Accepted 8 October 1985)

Pilonidal sinus communicating with a meningocele

A 33 year old man was admitted for excision of his pilonidal sinus. He gave a long history of a natal cleft lesion that intermittently discharged clear fluid. On examination he had a large naevus over his lower back, separate from the sinus. Radiographs of the lumbar sacral spine showed no abnormality. At operation the sinus track was injected with methylene blue, excised cephalad, and found to communicate with a meningocele. The sac was repaired and the patient started on streptomycin and benzylpenicillin. He made an uneventful recovery. Histological examination of the excised material confirmed a pilonidal sinus. The combination of a pilonidal sinus communicating with a meningocele has not been described before.—R P COLE, Department of Surgery, Derby City Hospital, Derby. (Accepted 7 October 1985)

Subcutaneous gall stones in the abdominal wall

An 82 year old woman, who in 1955 underwent cholecystotomy with drainage of the gall bladder through the abdominal wall, presented in March 1985 with cholecystitis. Her symptoms settled with conservative management. Ultrasound examination confirmed stones in the gall bladder. Five months later she developed a tender, inflamed, fluctuant swelling on her abdomen at the exit site of the previous drain. Incision released pus and several small gall stones. Probing showed no communication with the peritoneal cavity. Histological examination showed bile and gall stones: presumably these had migrated along the drain track after the cholecystotomy or possibly after silent perforation of the inflamed gall bladder. —J RITCHIE, J B RAINET, Department of Surgery, Bangour General Hospital, Broxburn, West Lothian. (Accepted 7 October 1985)

Treatment of extravasation of vincristine with hyaluronidase and hyaluronidase

A 10 year old child in remission from acute lymphoblastic leukaemia was given 2 mg vincristine as a subcutaneous infiltrate over the posterior iliac crest— in the mistaken belief that it was from a syringe containing local anaesthetic. The area was immediately infiltrated with hyaluronidase (1500 IU) and hydrocortisone (100 mg), and this resulted in subsequent induration but no skin necrosis. After extravasation of vincristine from a vein in the antecubital fossa of an adult patient with lymphoma infiltration with hyaluronidase and hydrocortisone again resulted in induration but no skin necrosis. In two further cases in which extravasation occurred but no antidote was given appreciable skin loss occurred.—D BAREFORD, Department of Haematology, Queen Elizabeth Hospital, Birmingham B15 2TH. (Accepted 9 October 1985)

Toxic megacolon complicating campylobacter colitis

A 33 year old woman presented with diarrhoea. On examination she was mildly dehydrated. Culture of the stool yielded *Campylo- bacter jejuni* but no other intestinal pathogens. Despite treatment with erythromycin she developed progressive abdominal distension and her general condition deteriorated. Abdominal radiographs showed massive colonic dilatation and gas under the diaphragm. At laparotomy two colonic perforations were found. A subtecal collection was performed and an ileostomy established. Histological examination showed acute (infective) colitis with extensive mucosal ulceration. Recovery was uneventful. Toxic megacolon is a rare complication of campylobacter colitis—only two cases have previously been reported.—T J STEPHENSON, D W K COTTON, Department of Pathology, University of Sheffield Medical School, Sheffield S10 2RX. (Accepted 11 October 1985)


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