Unreviewed Reports

Unilateral gynaecomastia and nifedipine

Three white men aged 57, 68, and 71 presented with unilateral gynaecomastia which had developed gradually four, six, and 26 weeks after they started nifedipine. None were taking other drugs recognised to be associated with gynaecomastia. Daily dosage of nifedipine ranged from 10 mg to 80 mg, and in the one case in which the drug had been stopped for two months the gynaecomastia was regressing. Although the Committee on Safety of Medicines and manufacturers are aware of 10 previous cases, this association does not appear to have been published.[1]—C A C CLYNE, Department of Surgery, Torbay Hospital, Torquay, Devon TQ2 7AA. *(Accepted 26 November 1985)*

1 Opie LH. Calcium antagonists. Mechanisms, therapeutic indications, and reservations: a review. *Q J Med* 1984;**103**:1-16.

Ultraviolet A freckles: another hazard of sunbeds?

A 22 year old man who became sunburnt but never tanned developed two lesions on his back after 23 half hour sessions in a solarium and frequent sunbathing. The 7 mm diameter lesions were flat, deeply pigmented, and star shaped and identical clinically and histologically with the freckles seen in patients with psoriasis who receive psoralens and ultraviolet A (PUVA).[1] The onset after exposure to ultraviolet A makes a causal relation likely. Ultraviolet B may also be necessary for their pathogenesis, but neither psoriasis nor psoralens is essential. Freckles induced by PUVA may not resolve, so freckles induced by ultraviolet A might also persist. "Non-tanners" should not have unnecessary exposure to ultraviolet A.—T D MACPHERSON, A Y FINLAY, Department of Dermatology, Southern General Hospital, Glasgow G51 4TF. *(Accepted 5 December 1985)*

1 Swart R, Kenter I, Suurmond D. The incidence of PUVA-induced freckles. *Dermatologica* 1984;**168**:304-5.

Generalised pruritus with clomiphene

A 23 year old West Indian was prescribed clomiphene 50 mg daily for five days each month for induction of ovulation. She developed generalised pruritus, without wheal formation on scratching, which resolved at the end of a course of treatment. For each of the four months she took the tablets the pruritus returned. There was no history of allergy, pruritus in the previous pregnancy, or use of any other medication. Neither the manufacturers nor the Committee on Safety of Medicines are aware of similar cases, but MacGregor *et al* noted urticaria as a side effect in 0·6% of patients receiving treatment.[1]—B A RUPARELIA, Department of Gynaecology, Birmingham and Midlands Hospital for Women, Sparkhill, Birmingham B11 4HL. *(Accepted 17 December 1985)*

1 MacGregor AH, Johnson JE, Bunde CA. Further clinical experience with clomiphene citrate. *Fertil Steril* 1968;**19**:616-22.

Legionnaires' disease causing proximal myopathy and retrograde amnesia

A 77 year old man presented with fever, confusion, and meningism. Paired serological tests confirmed legionnaires' disease. He responded well to intravenous erythromycin. On recovery he had no recollection of his illness and complained of painful thigh muscles, difficulty in getting up from a chair, and later difficulty in climbing stairs. Examination showed muscle wasting and a bilateral proximal myopathy. The proximal myopathy cleared gradually over four months but retrograde amnesia persisted.[1] Various neurological complications such as hallucinations, epileptic seizures, cerebellar signs, focal neurological deficits including peripheral neuropathy, and long term retrograde amnesia have been reported; proximal myopathy, however, is unusual.—P B KHANNA, Department of Geriatric Medicine, HM Stanley Hospital, St Asaph, Clwyd LL17 0RS. *(Accepted 19 December 1985)*

1 Edelstein PH, Meyer RD. Legionnaires' disease—a review. *Chest* 1984;**85**:14-20.

Erythema multiforme due to cutaneous larva migrans

Five days after crossing a farm compound barefoot in Nigeria a patient developed an intensely itchy rash on both feet. Nine days later he noticed a macular eruption on both palms. Examination showed extensive larva migrans on the soles and sides of his feet and skin lesions typical of erythema multiforme on both palms. Antimalarial prophylaxis (Paludrine) was continued, and topical application of 10% thiobendazole cleared the erythema multiforme within one week and the larva migrans within two. He had received no other medication. We presume that the heavy antigenic load of the extensive larva migrans infestation induced the erythema multiforme.—M RADEMAKER, R H MEYRICK THOMAS, Department of Dermatology, St Bartholomew's Hospital, London EC1A 7BE. *(Accepted 3 January 1986)*

Buccal ulceration with ipratropium bromide

A 74 year old man with chronic obstructive airways disease, maintained on a salbutamol inhaler, started to use an ipratropium bromide inhaler. After 76 μg (four puffs) he developed a sore throat. He continued using the inhaler and over 24 hours developed an inflammed buccal mucosa with ulceration. His lips and tongue became swollen. Within 48 hours of stopping the inhaler his mouth was normal. He declined rechallenge. The manufacturers are not aware of a similar case, but the CSM has received one report of stomatitis and one of ulcerative stomatitis associated with the use of an ipratropium inhaler.—P A SPENCER, Royal Hallamshire Hospital, Sheffield. *(Accepted 13 January 1986)*

Stevens-Johnson syndrome and amoxycillin

A 60 year old insulin dependent diabetic developed erythema multiforme and ulceration of the buccal mucosa and conjunctiva five days after starting a course of amoxycillin for a urinary tract infection. Stevens-Johnson syndrome was diagnosed. Amoxycillin was stopped and he recovered within a few days, during which time he continued treatment with the same insulin and oxprenolol, which he had been taking for angina for the past nine years. The manufacturer is not aware of any similar case reports, but the CSM has received four other reports of Stevens-Johnson syndrome associated with amoxycillin.—N J DAVIDSON, W J WINDEBANK, Derbyshire Royal Infirmary, London Road, Derby DE1 2QY. *(Accepted 14 January 1986)*

"Unreviewed Reports" aims at publishing very brief findings quickly, without the usual external peer review. Each item should be no more than 100 words long, with a title of up to 10 words, only one reference, and no more than two named authors (*et al* is allowed). Authors of papers about side effects must have reported them to the Committee on Safety of Medicines and the manufacturers. Correspondence asking for further details about these items should be sent directly to the authors, who should be willing to supply answers.