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 contraceptive hormones have been implicated 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 CROSBE, Department of Surgery, Royal Liverpool Hospital, Liverpool L7 8XP. (Accepted 9 January 1986)

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 American Society for the Study of Reproduction that conception during the first month of treatment is unlikely. 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 GUILLLEBAUD, Margaret Pyke Centre, London W1V 5TW. (Accepted 15 January 1986)

Resolution of psoriasis with low dose cyclosporine 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 cyclosporine 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 cyclosporine 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 cyclosporine arabinoside in refractory psoriasis is suggested.—A S DUNCAMBR, T C PEARSON, Department of Haematology, St Thomas’s Hospital, London SE1 7EH. (Accepted 20 January 1986)

Non-cholera vibrio bacteraemia associated with acute cholecystitis
A previously healthy 40 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 illness 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)


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)


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, frusamide, and digoxin. A probable diagnosis of generalised bullous fixed drug eruption was made. Treatment with nifedipine was stopped, frusamide 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.2

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