Unreviewed Reports

Severe megaloblastic anaemia due to giardiasis
A 21 year old man presented with anorexia, weight loss of 27 kg, and lethargy. On examination he was anaemic and feverish (38-0°C) with aphthous mouth ulcers. Investigation showed haemoglobin concentration 56 g/l; white cell count 2.6 x 10^9/l; platelets 95 x 10^9/l; serum folate 0-4 µg/l; serum B12 215 mg/l; and megaloblastic bone marrow. Jejunal aspirate showed trophozoites of Giardia lamblia; jejunal biopsy showed villous atrophy with giardia between crypts and villi. Treatment with folie acid and metronidazole resulted in dramatic improvement (haemoglobin concentration 94 g/l after seven days, 134 g/l after one month). This is the first reported case of giardiasis causing megaloblastic anaemia secondary to folate deficiency. —ALISON BUCKLEY, Department of Therapeutics and Pharmacology, Royal Hallamshire Hospital, Sheffield. (Accepted 17 February 1986)

Photosensitivity reactions associated with nifedipine
Two women aged 60 and 65 were taking nifedipine 10 mg daily for hypertension and 10 mg thrice daily for angina respectively. The second patient was also taking Burinex K, which was changed to frusemide and Slow K two days before admission. Each developed a severe blistering skin eruption on areas exposed to light after sunbathing; one needed treatment with systemic steroids. Rechallenge with nifedipine was not attempted because of the severity of the reactions. Rechallenge with Burinex K and frusemide in case 2 was negative. Both the manufacturers and the CSM have said several reports of photosensitivity associated with nifedipine, but this reaction does not seem to have been documented before. —S E THOMAS, M L WOOD, et al, Royal Hallamshire Hospital, Sheffield S10 2JF. (Accepted 17 February 1986)

Psychosis induced by fenfluramine
There has been no published report of psychosis induced by fenfluramine, and this potential hazard is not mentioned on the data sheet. Indeed, the drug has been suggested for use in obese patients taking psychotropic drugs. 1 A young schizophrenic man, well maintained on haloperidol deconate, was admitted after assaulting his family. On examination he was half naked, agitated, sexually disinhibited, and expressing delusions of bodily change. Three days before his mental state had been stable. Physical and biochemical investigations were normal; a urinary drug screen showed fenfluramine. His mother confirmed that two hours before the onset of disturbed behaviour he had ingested three of her fenfluramine tablets. —D MURPHY, J WATTERS, Maudsley Hospital, London SE5 8AZ. (Accepted 21 February 1986)

An unusual adverse reaction to nicoumalone
A 60 year old man was referred with sudden unexplained hearing loss in his left ear. He was taking nicoumalone 1 mg daily six days a week. On examination he had a large haemorrhagic bulla on the left eardrum, bilateral sensorineural hearing loss (compatible with his age), and conductive loss of 30 dB in the left ear. Prothrombin concentration was 10%. Nicoumalone was stopped, and within one week the haemorrhagic bulla had resolved and the patient could hear normally. Salpingitis and labyrinthine bleeding have been associated with oral anticoagulant treatment before, but haemorrhage into the tympanic membrane without preceding trauma has not previously been reported. —R FEINMESSER, I GAY, et al, Departments of Otolaryngology and Clinical Pharmacology, Hadassah University Hospital, Jerusalem, Israel. (Accepted 27 February 1986)


Bacteriological complications of self administered epidural morphine in patients with cancer
Six patients with pain due to terminal carcinoma were taught how to prepare and give their own morphine solutions via an indwelling lumbar epidural catheter. The sterile non-irritative adhesive dressings covering the puncture site and the catheter tapping were replaced every second week. Over a mean treatment period of five months no patient developed an epidural infection. The microbial contamination rate of the bottles containing the morphine solution was 0-4%, each being used for only one day for up to six injections. This low rate of contamination is similar to the rates reported for intravenous infusions handled by medical staff. 1 —M J RUTGERS, P J ROOS, Pain Clinic, Academic Hospital Dijkzigt, 3015 GD Rotterdam, The Netherlands. (Accepted 28 February 1986)

The “forgotten” vaginal ring pessary—an unusual cause of rupture of the urinary bladder
An 80 year old woman presented with sudden severe generalised abdominal pain, immediately preceded by micturition. Laparotomy showed urine in the peritoneal cavity as a result of intraperitoneal rupture of the bladder, with necrosis and a vesicovaginal fistula. A ring pessary was removed from the vagina, and the vesicovaginal fistula and ruptured bladder were repaired. Postoperative recovery was rapid and uneventful. Prolonged use of ring pessaries may be hazardous. This case highlights the need to monitor patients with ring pessaries, particularly elderly patients. Pessaries should not be refitted if there is evidence of vaginal inflammation at four monthly review. —D G KNIGHT, N KERNohan, University Department of Surgery, Aberdeen Royal Infirmary, Foresterhill, Aberdeen. (Accepted 11 March 1986)