bowel tenderness in 38 patients further supported the diagnosis of the irritative bowel syndrome. It was not entirely unexpected that so many young women with chronic abdominal pain would have the irritative bowel syndrome, which affects up to one fifth of an apparently healthy population. Though equally prevalent in men and women, those who consult a doctor are mainly women. Being women with pain they are commonly referred to a gynaecology clinic, where details of their bowel habit are not sought. Only a third of patients with the irritative bowel syndrome have colicky pain alone, the others having dull pain or both types of pain. Hence the type of pain alone cannot identify those with the irritative bowel syndrome, and details of their bowel habit must be sought.

Manning et al have shown that a detailed history can help towards a confident diagnosis of the irritative bowel syndrome in patients with chronic abdominal pain and avoid unnecessary investigations. Our study suggests that the irritative bowel syndrome is a common cause of chronic pain in women referred to a gynaecologist and should be sought by a detailed history in each case.


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Department of Obstetrics and Gynaecology, Princess Anne Hospital, Southamptons SO9 4HA
PATRICK HOGSTON, FRCS, MRCS, registrar

Cockroach dermatitis: an occupational hazard

Cockroaches are common inhabitants of kitchens, dining rooms, and food stores in hospitals, hotels, and houses and are important mechanical vectors of infectious disease. Reactions to cockroaches themselves, however, have rarely been recorded. We describe a patient with a severe cutaneous reaction to cockroaches in a hospital record store.

Case report

A 51 year old woman employed as a medical records clerk at another hospital presented with an intensely itchy eruption on the face, neck, hands, and knees, which had developed after she had been clearing old hospital case notes from a derelict hut. She gave no history of atopy or of other skin disorder. The appearance was of urticarial erythematous papules coalescing into plaques, and clinically suggested an insect bite reaction. The hut was inspected by a pest controller, who found no evidence of mites, bed bugs, or other arthropods, but when the patient resumed work in the area the eruption recurred. When the interior of the hut was subsequently dismantled copious insect debris was discovered; examination of this showed numerous fragments of the German cockroach Blattella germanica. The patient had had subsequent symptoms. Prick testing with cockroach mix allergic extract (Dome/Hollister-Stier) produced a negative reaction at 15 minutes but a 1 cm itchy erythematous papule at two hours. The result of epicutaneous testing was negative, as was that of prick testing of 20 healthy controls.

Comment

Cockroaches are widely encountered in the human environment, and cockroach extracts may produce positive responses to prick tests in exposed people, especially those with a history of atopy. Cockroach specific IgE may be found in the serum of atopic subjects with a history of exposure to cockroaches. Clinical manifestations of cockroach sensitivity are, by contrast, rare. Asthma has occasionally been reported, and cutaneous reactions manifested as contact dermatitis or contact urticaria have been reported in only four cases, all in laboratory assistants with a prolonged history of exposure to cockroaches in their work.

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Department of Dermatology, King’s College Hospital, London SE5 9RS
B E MONK, MA, MRCP, senior registrar
A C PEMBROKE, MA, MRCP, consultant dermatologist
Correspondence to: Dr Monk.

Lower oesophageal contractility as an indicator of brain death in paralysed and mechanically ventilated patients with head injury

The use of neuromuscular blocking drugs in neurosurgical patients receiving mechanical ventilation presents special problems in assessing the level of consciousness and cerebral function. In addition, brain death cannot be diagnosed in a paralysed patient.

Measuring lower oesophageal contractility has been shown to be of value in assessing the depth of anaesthesia in anaesthetised and paralysed patients. The physiological basis of the technique relies on the anatomy and innervation of the oesophagus. In man and the American opossum the muscles of the lower half of the oesophagus are composed of smooth fibres and are not directly affected by neuromuscular blocking drugs. Oesophageal activity is measured as peristaltic (provoked lower oesophageal contractility) or non-provoked (spontaneous lower oesophageal activity).

We have assessed lower oesophageal contractility as a guide to outcome in patients after head injury requiring neuromuscular paralysis and mechanical hyperventilation.

Patients, methods, and results

Sixteen patients with head injury admitted to the surgical intensive care unit for controlled hyperventilation and neuromuscular paralysis were studied over six months. The Glasgow coma scale was assessed on admission. Lower oesophageal contractility was monitored by an Antec Lectron 301 (Antec Systems Ltd, Oxford). The device consists of a disposable oesophageal probe coupled to the monitoring unit. The probe has a distal saline filled pressure sensing balloon and an adjacent pneumatically inflatable balloon designed to provoke a response from the oesophagus. The probe was introduced through the mouth and positioned so that the tip was 35 cm from the lips. The "provoking" balloon was inflated for five seconds and then deflated, the cycle being repeated every three minutes. Spontaneous activity in the oesophagus was recorded as the number of spontaneous contractions per minute. Provoked activity was monitored as the peak pressure of any contraction occurring within 10 seconds of inflating the balloon. The monitor remembers values of spontaneous and provoked activity for at least 24 hours of continuous recording.

Neuromuscular blockade was achieved with pancuronium by continuous infusion. Sedation was given as indicated clinically. Monitoring was continuous for the first eight hours and thereafter carried out for two hour periods twice a day up to 48 hours. The Glasgow coma scale was assessed again before discharge of the patients from the unit.

Results are presented as mean values and standard deviation (SD).

Patients with spontaneous lower oesophageal contractility—Eleven patients had spontaneous activity recorded. The mean age was 31.5 years (range 16-52) and mean Glasgow coma score on admission 9.0 (1-8). The mean spontaneous activity was 1.2 (0-7) contractions/min and mean provoked activity 40 (18) mm Hg. Ten patients recovered and were discharged from the unit; the remaining patient died of the adult respiratory distress syndrome.

Patients with absent spontaneous lower oesophageal contractility—Five patients did not have spontaneous activity in the oesophagus at any time. Their mean age was 32.1 years (range 30-45) and mean Glasgow coma score on admission 5.6.