

SHORT REPORTS

Sunbed lentigines

Despite the recent publicity of the Cancer Research Campaign against melanoma and the cautionary message of Hawk¹ the popularity of sunbeds continues to rise. A vast array of devices is on sale in almost every high street, with units in almost all larger "health clubs." They are designed to emit ultraviolet light A (315-400 nm), which usually tans without burning. Many units, however, are contaminated with small but perceptible amounts of ultraviolet B (280-315 nm), whose long term cutaneous effects such as premature aging and skin cancer have been considered more deleterious when compared with ultraviolet A, though evidence is steadily accumulating strongly incriminating ultraviolet A as well.² Not only may they seriously exacerbate photodermatitis but they have been shown to be ineffective in producing a satisfactory tan and protecting against further sunburn in most patients in recent studies.^{3,4}

We describe a 35 year old woman who suddenly developed unusual lentigines on her legs during a period of intense exposure on a sunbed.

Case report

A 35 year old secretary with skin type 3 (sometimes burns, always tans) presented to our early diagnosis melanoma clinic with an unusual pattern of lentigines on her legs. They had appeared abruptly two years previously coincident with a fivefold increase in her exposure on a sunbed to a total of 50 half hour sessions over 10 weeks as a "special offer" at her local solarium. The lesions (figure) were unusual in that they were large and irregularly pigmented with irregular borders. They were densely scattered on the fronts of the shins with



Densely scattered, irregularly shaped and pigmented lesions on fronts of shins after using sunbed.

almost complete sparing of the backs despite equal exposure times. A biopsy sample of a lesion contained increased numbers of melanocytes, some of which showed atypical features such as angular hyperchromatic nuclei and upward migration.

The patient was advised to observe strict avoidance of ultraviolet light and six months later a further biopsy was performed. This showed persistence of the melanocytic hyperplasia and atypia, and electron microscopy showed sparse and abnormally clumped melanosomes in the melanocytes and keratinocytes heavily laden with melanosomes, the disparity in melanosomes suggesting that melanosome production had decreased during the six months of avoidance.

During 18 months of strict avoidance of ultraviolet light the lesions showed no seasonal variation in number or colour and continued to enlarge and coalesce.

Comment

These unusual lesions are clearly distinguishable from simple freckles (ephelides) by their lack of seasonal variation, irregular pigmentation and border, and increased number of melanocytes, some of which may be atypical. They are perhaps best described as "sunbed lentigines" and share some of the clinical and histological features of lentigines seen in some patients receiving long term photochemotherapy (psoralen plus ultraviolet light A). Their sudden appearance during a period of intense use of a sunbed suggests that these lentigines were related to the patient's excessive exposure to ultraviolet A. We do not know how common the problem is, but a case has been reported of a woman who developed similar lesions during use of a sunbed at home, though ultrastructural studies were not performed.⁵ The biological behaviour of the lesions is unknown, and development from melanocytic atypia to malignant melanoma, though unlikely, is a possibility.

With the small but growing number of cautionary reports it seems foolish to irradiate poorly protected white skin in the interests of short term fashion—far better to remain pale and interesting.

We thank Dr L Papadaki, of the histopathology department at the Middlesex Hospital, for her help in interpreting the electronmicrographs.

- 1 Hawk JLM. Sunbeds. *Br Med J* 1983;286:329.
- 2 Sterenberg HCJM. Tumorigenesis by longwave UVA radiation. In: Investigations on the action spectrum of tumorigenesis by ultraviolet light radiation. Utrecht, The Netherlands: University of Utrecht, 1987:79-92. (PhD thesis.)
- 3 Devgum MS, Johnson BE, Paterson CR. Tanning protection against sunburn and vitamin D formation with a UV-A "sun-bed." *Br J Dermatol* 1982;107:275-84.
- 4 Rivers JK, Norris PG, Murphy GM, et al. Effects of UVA sunbeds in human subjects. *Br J Dermatol* 1986;116(suppl 30):426.
- 5 Jones SK, Moseley H, Mackie RM. UVA-induced melanocytic lesions. *Br J Dermatol* 1987;117:111-5.

(Accepted 6 January 1988)

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Eye injuries caused by elasticated straps

The effects of blunt trauma to the eye are well recognised.¹ Most ophthalmologists are familiar with injury caused by elasticated straps, but to our knowledge only one series has been reported.²

Case reports

Six patients presented to this hospital with serious eye injuries caused by the accidental release of tightened elasticated straps; the table gives details. Four patients had permanent visual impairment.

Comment

Elasticated straps with metal or plastic hooks are often used to secure luggage, particularly on car roof racks, which are at eye level. The hook that is attached first may slip while the strap is being tightened, and severe ocular injury may result as the hook and strap recoil. This occurred in three of our cases. One patient (case 2) sustained a corneal perforation from fragments of his spectacles, but the lens may have protected him from the full impact of the hook.

Each patient needed to be admitted to hospital at least once, and four patients had surgery. The average time spent in hospital was six days (range three to 14). One patient (case 5) was admitted five times and had four operations.

We suggest that the design of the hooks used to fasten elasticated straps should be changed. A spring loaded metal gate clip like those used on dog

Summary of the six cases of eye injuries caused by elasticated straps

| Case No | Age (years) | Sex | Circumstances in which injury occurred | Clinical findings | Management | Visual acuity (months after injury) |
|---------|-------------|-----|--|---|---|-------------------------------------|
| 1 | 11 | M | Fastening strap on trailer tent | Hyphaema | Bed rest | 6/6 (1) |
| 2 | 41 | M | Strapping load across lorry | Corneal perforation | Suturing of cornea | 6/18 (3) |
| 3 | 39 | M | Pulling strap on windsurfer | Iris tear, hyphaema, vitreous haemorrhage, secondary glaucoma | Bed rest, ocular hypotensives | 6/18 (3) |
| 4 | 63 | M | Fastening strap over car roof rack | Hyphaema, post-traumatic cataract | Bed rest, delayed surgery for cataract and implantation of intraocular lens | 6/9 (3 months after surgery) |
| 5 | 50 | M | Fastening strap over car roof rack | Iris tear, retinal detachment | Vitreotomy and injection of silicone oil | 6/60 (8) |
| 6 | 31 | M | Fastening strap over car roof rack | Hyphaema, retinal tear | Bed rest, cryotherapy to retinal tear | 6/9 (1) |

leads would prevent accidental release. Only one hook would need to be so modified provided instructions were given to secure the gated hook first. Manufacturers should be encouraged to enclose safety warnings with elasticated straps, and the public needs to know about their potential risk.

We thank the consultant staff of this hospital for permission to report on these patients.

- Duke-Elder S, MacFaul PA. In: Duke-Elder S, ed. *System of ophthalmology*. Vol 14. London: Henry Kimpton, 1972:63-307.
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(Accepted 26 January 1988)

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Travellers and preventive health care: what are health authorities doing?

Travellers are considerably disadvantaged in both health and health care.¹⁻³ Although there are 50 000-80 000 travellers in England, many health districts have yet to recognise their health needs. A survey was undertaken to examine whether health districts are addressing these needs.

Methods, and results

A questionnaire was sent to directors of community nursing services requesting information about prevention policies in the district and details of known travellers. Altogether 168 (88%) of the 191 districts in England responded. Of the 158 districts with a policy on prevention or health promotion, only five had policy statements that mentioned travellers. One district had a health promotion officer specifically for travellers.

Liaison between district health authorities and other agencies planning services for travellers was sporadic. Of 118 districts replying to this section of the questionnaire, 18 liaised regularly, 20 never did, and seven held meetings on an ad hoc basis. Most interpreted planning services as any form of discussion about services for some of the travellers in their district. Ninety districts had staff with designated responsibility towards travellers, who included clinical medical officers, health visitors, midwives and district nurses, specialists in community medicine, general practitioners, and a health promotion officer. The responsibility varied from working only with travellers to being nominally responsible for their preventive health care but having no direct contact. Although in 81 districts health visitors had special responsibility for travellers, only 22 districts offered them training about travellers.

Several studies of travellers' health have identified specific problems such as antenatal care, immunisation, and family planning. Only 11 districts said that they had any kind of outreach or special maternity facilities for travellers. For immunisation, family planning, and cervical cytology, 100-110 districts expected travellers to attend ordinary clinics. Little information was available to indicate how successful or acceptable this is: only 16 of 142 districts could measure uptake of preventive services by travellers' children from routine statistics, and only five of 154 districts could measure uptake of family planning services. Six districts routinely offered services on the campsites. Though only 12 districts gave

travellers details of their medical records, 64 gave all parents a record of their child's immunisations.

Comment

Travellers are rarely recognised as having special needs. Many problems exist in delivering preventive services, and some districts know little about travellers in their area. General rather than specific preventive measures are necessary. Too often health services decide on a specific target, such as improving uptake of immunisation without reference to the travellers' priorities: the travellers might prefer a clean water supply or a secure campsite, both of which are essential for health and require liaison with other agencies.

Liaison is also important in ensuring that health professionals are aware of travellers in the district. Travellers are most likely to make contact with services through community nurses and health visitors, hospitals, and general practitioners. In only a few districts are social and education services and environmental health departments seen as providers of information to health professionals.

Several reports have recommended that health authorities should recognise the health problems of travellers and have outlined possible solutions.¹⁻⁴ This study confirms the need for those recommendations to be implemented; they are not necessarily expensive but require recognition of travellers and their health needs. A way forward would be for some districts to develop demonstration health promotion projects, with the health and local authorities working with travellers to address their perceived health needs. The Department of Health and Social Security has never produced guidance on the health problems of travellers. Such guidance could provide the stimulus for long overdue action.

I thank Professor P O D Pharoah and Dr J R Ashton for advice and support, the directors of nursing services (community) for their cooperation, and the many travellers and people working with them for their guidance.

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(Accepted 4 January 1988)

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Corrections

Cardiac transplantation in severely ill patients requiring intensive support in hospital

An error occurred in this paper by Dr David Mulcahy and others (19 March, p 817). In the second paragraph of the abstract the term renal transplantation was incorrect; the sentence should read, "Provided that surgery can be performed before renal failure has progressed such that renal dialysis is necessary. . . ."

Pure trigeminal motor neuropathy

An editorial error occurred in the footnote of this short report by Dr Lie-Gan Chia (27 February, p 609). The address should have read Taiwan 40705, Republic of China, not People's Republic of China.