Histoacryl tissue adhesive has potential as a splinting material for avulsed teeth. It is particularly useful when there are no adjacent teeth or, as in this case, when the adjacent teeth have been fractured at the level of the gum and are not available for splinting. Contact of the adhesive with periodontal membranes must be avoided. Reimplantation can be done by junior staff fairly easily, thus avoiding delay, especially in accident departments where there are no dental staff on site. A prospective study is needed to evaluate the long term effects of the adhesive as a dental splint in an emergency.

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Two patients with eosinophilia myalgia syndrome associated with tryptophan

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On 11 November 1989, after reports of cases of a so called eosinophilia myalgia syndrome, the Food and Drug Administration advised stopping the use of preparations containing tryptophan.¹ A virtually unequivocal epidemiological relation had been found between the use of tablets containing tryptophan and this syndrome,^{1,4} which is characterised by an intense eosinophilia and myalgia. Arthralgia, swelling of the extremities, rash, fever, cough, interstitial lung disease, arrhythmias, ascending polyneuropathy, and sclerodermiform skin thickening have also been described.⁴

As no cases of the syndrome have yet been reported in Europe the question arises of whether the syndrome can possibly be explained by contaminants in the American preparations.⁵ However, we report on two patients with an eosinophilia myalgia syndrome for whom the tryptophan seemed not to have been supplied by an American pharmaceutical company.

Case reports

Case 1—A 28 year old woman with a history of hyperventilation started taking tryptophan 500 mg thrice daily at the end of August. At the beginning of December she experienced muscle rigidity and pain in her arms and legs as well as pruritus in the shoulders, and tryptophan was stopped in mid-December. The muscular pains got worse and the patient was given phenylbutazone 200 mg daily from 23 December. She also complained of a flush on her arms and legs. On 27 December the clinical examination showed no abnormalities other than pain on palpation of the muscles and a minor spotty erythema on the legs. Results of blood tests are shown in the table. In January 1989 the results of a blood cell count and cell smear had been normal. The erythrocyte sedimentation rate was normal (8 mm/h). Creatine kinase activity was normal. Tests for rheumatoid factors yielded negative results, and concentrations of complement and immunoglobulins, including IgE were normal. Results of the antinuclear antibody test in a titre of 160 showed a homogeneous pattern of fluorescence and results of lupus erythematosus and anti-DNA tests were negative. Lactate dehydrogenase activity was moderately increased with a raised third fraction. Results of other tests were normal. No parasites were found in the stool. A marrow aspiration showed a strikingly high number of eosinophils without other abnormalities.

Ultrasonography of the upper abdomen showed no abnormalities; an electromyogram was normal; and chest x ray films were normal except for a slightly intensified interstitial pattern. Pulmonary function tests showed only a slight decrease in diffusion capacity. A skin and muscle biopsy showed discrete vasculitis in the subcutaneous tissue but no pathological changes in the muscle and fascia.

Case 2—A 60 year old woman with complaints of sleeplessness started taking tryptophan 1000 mg four times daily at the beginning of August. From the middle of December she experienced generalised muscle pain and stiffness and pruritus, cough, and an intermittent mild fever. She described a feeling of fatigue and had swelling of the extremities. At the beginning of February tryptophan was stopped. Results of a clinical examination at that time were normal except for a discrete oedema of the extremities and a diffuse muscular tenderness. Results of laboratory tests showed an important eosinophilia (table). The

Characteristics of two patients with eosinophilia myalgia syndrome

	Case 1	Case 2
Dosage of tryptophan	500 mg thrice daily	1000 mg four times daily
Duration of intake	16 weeks	27 weeks
Leucocyte count at first visit*	32.5 × 10 ⁹ /l	22.5 × 10 ⁹ /l
% Of leucocytes:		
Neutrophils	38	52
Lymphocytes	13	12
Monocytes	2	1
Eosinophils	46	35
Bands (juvenile forms)		8
Metamyelocytes		3
Basophils	1	

*Normal range 4.0-11.0 × 10⁹ cells/l.

other results were normal except for increased activity of lactate dehydrogenase. Chest x ray films were normal, as were the results of ultrasonography of the abdomen and electromyography.

Comment

Our patients had eosinophilia myalgia syndrome, which was related to the ingestion of tryptophan. Other causes of hypereosinophilia seem highly improbable. Thus eosinophilia myalgia syndrome is not a purely American disease.

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