We conclude that surreptitious ingestion of sympathetically acting drugs should be considered in the differential diagnosis of hypertensive attacks.

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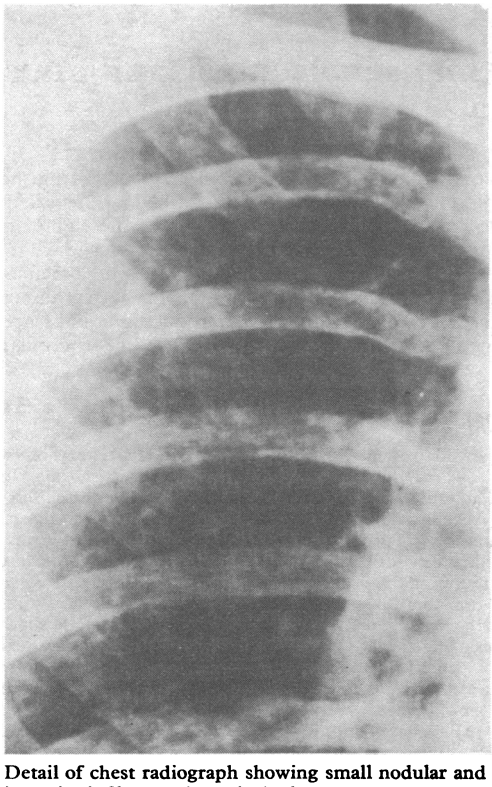
Punk rocker's lung: pulmonary fibrosis in a drug snorting fire-eater

While pulmonary damage secondary to intravenous self-administration of drugs is well recognised, disease due to deliberate inhalation of drugs other than for therapeutic purposes is not. We report on a patient who developed pulmonary fibrosis secondary to "snorting" of drugs and inhalation of turpentine or paraffin.

Case report

A 21-year-old builder's labourer with a two-week history of diffuse chest pain, cough, and purulent sputum was referred for chest radiography. Until three months earlier he had been a full-time drummer in a punk-rock band and had led an irregular existence which ended when he ignited his flat with a cigarette; since then he had been living with his parents. He smoked about 60 cigarettes daily and had regular morning cough and sputum. As part of his act he used to fill his mouth with turpentine or paraffin which he would blow out and ignite. He had taken drugs since he was 16-years-old, often swallowing them with beer. He recalled taking, among others, Mandrax, Tuinal, Dexedrine, DF118, diazepam, and cannabis. He occasionally inhaled powdered drugs—particularly Tuinal, nitrazepam, and cocaine—through a rolled-up pound note (snorting). He had never injected himself. He denied dyspnoea and when seen in the clinic was symptom free.



Detail of chest radiograph showing small nodular and irregular infiltrates through the lung.

His chest was wheezy but there were no marks on his arms. Chest radiography showed bilateral small nodular and irregular infiltrates throughout both lungs with no hilar node enlargement (figure). Lung function was completely normal (forced expiratory volume$_1$ 4·5 litre, forced vital capacity 5·0 litre, and transfer factor 100% predicted). Haemoglobin concentration, erythrocyte sedimentation rate, and blood film gave normal results, as did all blood tests, including for rheumatoid factor, avian precipitins, and viral titres. Tubercle bacilli were not cultured from sputum. Mantoux 1:100 and Kveim tests were negative. Electrocardiography showed no abnormality. Arterial blood showed mild hypoxia with an arterial oxygen pressure of 9·6 kPa.

A drill biopsy of the lung was performed to make a diagnosis. The specimen showed foci of fibrosis containing clumps of macrophages and clefts lined by bronchiolar epithelium. Some macrophages contained large intracytoplasmic vacuoles compatible with exogenous lipid. There were no granulomas. Several small spicules of material that transmitted polarised light were seen both in alveolar macrophages and in scarred areas but not in vessels.

Two months later he was well with no treatment and chest radiograph and lung function were unchanged. He defaulted from further follow-up.

Comment

The needle biopsy specimen showed florid pulmonary scarring and intra-alveolar fibrosis with acicular refractile material, probably talc, though the specimen was too small for further analyses. Within the fibrous tissue were macrophages containing empty coalescent vacuoles representing oils removed by organic solvents during the processing, and presumed to be either paraffin or turpentine. There was no intravascular foreign material and it was clear that in our patient inhalation was the only means of administration.

The fibrosis was probably due to the combination of inhalation of paraffin or turpentine in "fire-eating," and of talc, a lubricant and filler in tablets. Although talc is known to cause a pulmonary reaction when inhaled in an occupational setting[1] and cosmetically,[2] we have been unable to find any report of diffuse pulmonary fibrosis in a drug-snorter or solely due to the inhalation of the lighter hydrocarbons such as turpentine. Severe lung scarring has, however, been reported in association with the accidental inhalation of liquid paraffin and with the smoking of tobacco containing mineral oils in Guyana.[3-5]

As the habit of snorting drugs appears to be prevalent in the lunatic fringe of our society, more cases of this syndrome will probably be recognised, and physicians should be aware of it as a radiological mimic of sarcoidosis in young people.

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Britain's biggest ovarian cyst?

Removal of a giant ovarian cyst may be followed by life-threatening complications. We report the largest ovarian cyst removed in Great Britain with survival of the patient.

Case report

A 44-year-old nulliparous housewife presented with abdominal swelling that had gradually increased over five years and recently been associated with breathlessness and pain in the legs. She had been housebound for one year and could not get into bed, but she and her husband had concealed her