

## Hypercarotenaemia in a tomato soup faddist

A 24 year old woman presented with orange-yellow discoloration of her skin, most noticeable on her palms and soles. Dietary assessment showed that her total daily intake of carotene was 9200 µg, over half of which came from tomato soup; normal daily intake 900-1200 µg. Her serum carotene concentration was raised at 6.7 µmol/l; her serum retinol (vitamin A) concentration was normal at 1.1 µmol/l.

Abnormal pigmentation of the skin due to hypercarotenaemia occurs with an excessive dietary intake of food that contains carotene. If this food is carrots raised serum vitamin A and carotene concentrations may be found. The predominant carotenoid in



tomatoes is lycopene, which does not possess provitamin A activity. This explains the woman's normal serum vitamin A concentration. She reduced her consumption of tomato soup, and six months later her skin was less discoloured.

A normal serum vitamin A concentration with a raised serum carotene concentration does not necessarily suggest defective metabolism of carotene or exclude an occult dietary source.—MANISH GANDHI, SHERNAZ WALTON, EDWARD H WYATT, *department of dermatology, Hull Royal Infirmary, Hull HU3 2JZ*

*Campbell's tomato soup, Andy Warhol. © DACS 1988*

## White lines in the fingernails induced by combination chemotherapy

A 40 year old woman presented with a lump in her right groin. Biopsy showed it to be a malignant lymphoma, nodular large cell type. After examination it was classed as stage IA. From August to October 1987 she was treated with chemotherapy of methotrexate, doxorubicin, cyclophosphamide, vincristine, bleomycin, and prednisone. In December transverse white lines appeared in her fingernails (figure). Her renal function and serum albumin concentration were normal.

Transverse white lines in the nails may occur after ingestion of arsenic, thallium, and fluoride and in severe systemic illness such as myocardial infarction and acute and chronic renal failure. They have also been reported in patients receiving chemotherapy with multiple drugs.<sup>1</sup> Although this may have been the



cause of the effect in this case, I did not identify the drug responsible. Transverse white lines in the fingernails remain an unusual side effect of combination chemotherapy.—M R SHETTY, *Northwest Community Hospital, Arlington Heights, Illinois 60005, United States*

<sup>1</sup> James WD, Odom RB. Chemotherapy induced transverse white lines in the fingernails. *Arch Dermatol* 1983;119:334.

## Unilateral clubbing of fingers associated with causalgia



A 30 year old man presented two years after sustaining a closed injury to the right forearm. He complained of a persistent burning pain in his right hand that limited its use. His hand was hypersensitive to light touch, but there were no changes in skin colour or texture. Trophic changes and finger clubbing were noted (figure). There was no muscle wasting or reduction in the power of the hand, and the results of a general medical examination were normal. His treatment had consisted of a stellate ganglion block and a course of guanethidine blocks. At presentation he was taking amitriptyline. The clubbing was especially pronounced in his ring and middle fingers, with associated widening of the fingertips, as classically seen in clubbing. To our knowledge this association between finger clubbing and causalgia has not been previously reported.—P R SAUNDERS, M HANNA, *pain relief unit, King's College Hospital, London SE5 8RX*