Unreviewed Reports

Hallucinations associated with the administration of salbutamol via a nebuliser

A 73 year old man was admitted with a transient ischaemic attack. He was prescribed salbutamol for mild chronic obstructive airways disease; 2·5 mg six hourly via both an air driven and oxygen driven nebuliser. He became acutely distressed and developed vivid visual and persecutory hallucinations within five minutes after each administration, lasting one hour. In between he was completely lucid. Rechallenge provoked a similar reaction. Oral sympathomimetic drugs in overdose may cause central side effects.[1] The manufacturer is aware of three cases of children developing hallucinations after oral salbutamol but no such reaction in adults receiving a recommended dose of salbutamol.—P B KHANNA, R DAVIES, Departments of Geriatrics and Drug Information, Ysbyty Glan Clwyd. Bodelwyddan, Rhyl, Clwyd LL18 5UJ *(Accepted 15 April)*

1 Huzulakova I, Dukes MNG. Drugs affecting autonomic functions: Salbutamol. In: Dukes MNG ed. *Meyler's side effects of drugs*. 10th ed. Amsterdam: Elsevier, 1984:241-4.

Necrotising fasciitis after injection of triamcinalone acetonide

An otherwise fit 36 year old woman received an intramuscular injection of triamcinolone acetonide to try and prevent seasonal hay fever. The injection was given into the buttock after standard cleaning of the skin. Later that day she developed local pain. The next day she became shocked, developed gangrene over the buttock, and died. Necropsy showed necrotising fasciitis; culture from buttock tissue grew *Streptococcus pyogenes*. Possibly the injection introduced infection and the corticosteroid reduced local resistance. Neither the manufacturers nor the CSM are aware of any similar reports after injection of triamcinolone acetonide or any other depot corticosteroid.—MICHAEL BRADDICK, Department of Medicine, Battie Hospital, Reading RG3 1AG. *(Accepted 16 April 1986)*

Lingual myoclonus and dislocated jaw

A 79 year old woman presented with a two day history of sudden onset of dysarthria, a complete inability to swallow solids or liquids, and a continuous tremor of her tongue. She had a history of mild Parkinson's disease mainly affecting the left arm. On examination she had continuous bilateral lingual myoclonus without palatal myoclonus. A radiograph showed anterior dislocation of the temporomandibular joint. When this was reduced her condition immediately returned completely to normal. Lingual myoclonus is usually associated with pathological changes in the brain stem. It has not previously been described as a feature of a dislocated jaw.—D A BLACK, S DAS, Department of Medicine for the Elderly, St Helen's Hospital, Hastings TN35 5AH. *(Accepted 21 April 1986)*

1 Troupin AS, Kamm RF. Lingual myoclonus: case report and review. *Diseases of the Nervous System* 1974;35:378-80.

Hair turning from grey to black in a patient with autoimmune hypothyroidism

A 64 year old woman with autoimmune hypothyroidism was noted to have striking hair—grey distally but black at the roots. Dark haired in her youth, she had greyed unremarkably in middle life, but during the six months before she developed overt hypothyroidism her hair had gradually redarkened. There were no other abnormalities of pigmentation and she was taking no new drugs. Tests for adrenal disease were negative. After six months on replacement thyroxine her hair was appreciably less dark. We suggest a causal link between the development of hypothyroidism and the redarkening of her hair. Persistence of dark hair into old age in hypothyroid patients has been reported.[1]—D E MORRIS, F K WRIGHT, Glan Clwyd Hospital, Bodelwyddan, Rhyl, Clwyd LL18 5UJ. *(Accepted 23 April 1986)*

1 Wright CB. Clinical curio: myxoedema and dark hair in old age. *Br Med J* 1984;**288**:1517.

Treatment of acute cytomegalovirus granulomatous hepatitis with steroids

A previously fit 65 year old woman presented with a two week history of fever, rigors, and back pain. Investigations showed hyponatraemia, hypoalbuminaemia, and abnormal liver function tests. Her clinical condition deteriorated. A liver biopsy specimen showed granulomatous hepatitis. She responded dramatically to corticosteroids with initial antituberculous cover. Serological tests suggested primary cytomegalovirus infection. Examination of a repeat liver biopsy specimen showed improvement. Steroids were stopped after 10 weeks. Seven previous cases of cytomegalovirus granulomatous hepatitis have been described in patients with no immunological abnormality. All were younger and got better without treatment.[1] Steroids should be considered for granulomatous hepatitis in ill adults even if an acute viral infection is suspected.—G H JENNER, A TILZEY, Nunnery Fields Hospital, Canterbury, Kent CT1 3NG. *(Accepted 25 April 1986)*

1 Clarke J, Craig RM, Saffro R, Murphy P, Yakoo H. Cytomegalovirus granulomatous hepatitis. *Am J Med* 1979;**66**:264-9.

Falciparum malaria presenting as Guillain-Barré syndrome

A 32 year old man gave a history of fever for 15 days followed by acute onset of weakness in the limbs, dysphagia, and urinary retention. On examination he was tachypnoeic with a chest expansion of 1·5 cm and sluggish cough reflex. His speech was slurred and he had bilateral lower motor neurone seventh nerve palsies, diminished uvular movements, a sluggish gag reflex, flaccid paralysis of the limbs, absent tendon reflexes, flexor plantar responses, and diminished sensation over both feet. A blood smear showed *Plasmodium falciparum*. His paralysis rapidly improved after treatment with chloroquine. Guillain-Barré syndrome in association with malaria is rare.[1] It has not previously been reported with *P falciparum*.—T V S ARYA, R N PRASAD, Postgraduate Institute of Medical Education and Research, Chandigarh-160012, India. *(Accepted 29 April 1986)*

1 Padmini R, Maheshwari MC. P vivax malaria complicated by peripheral neuropathy with electrophysiological studies. *J Assoc Physicians India* 1980;**28**:152-6.

Autoimmune haemolytic anaemia associated with naproxen suppositories

A 70 year old maturity onset diabetic with osteoarthritis was admitted with a right hemiparesis. He was started on naproxen suppositories 500 mg nocte and regular Distalgesic for his arthritic pain. Pretreatment haemoglobin concentration was 133 g/l. Within two weeks his haemoglobin had dropped to 89 g/l, reticulocyte count was 7%, and spherocytes were seen on the peripheral blood film. The direct Coombs test was positive. Naproxen was stopped. One week later the direct Coombs test became negative, but it took another six weeks for the haemoglobin concentration to return to normal. The Committee on Safety of Medicines and manufacturers are aware of seven cases of haemolytic anaemia associated with treatment with naproxen, but this is only the second report of a direct Coombs test positive autoimmune haemolytic anaemia associated with the drug.—T C N LO, M A MARTIN, Department of General Medicine, Stepping Hill Hospital, Stockport SK2 7JE. *(Accepted 12 May 1986)*