bid for 3 weeks for the treatment of presumed scabies. The patient presented 3 weeks later with fatigue, weakness, mild dyspnoea on exertion and bleeding gums. On examination the patient had mild scleral icterus, haemorrhagic gingiva, ecchymoses on the right ankle and an enlarged liver; a low grade fever developed.

He had pancytopenia with a low reticulocyte count and a bone marrow aspirate was consistent with severe aplastic anaemia. Lindane persisted in the blood for up to 4 months. Liver function parameters were raised but no infective cause was found; values returned to normal within 2 months. The patient was treated with antibacterials, blood and platelet transfusions, antithymocyte globulin and prednisone. The haematological picture persisted despite treatment. After 36 months of outpatient support, WBC and RBC counts had markedly improved with some improvement in platelet counts.

Rauch AE, Kowalsky SF, Lesar TS, Sauerbier GA, Burkart PT, et al. Lindane (Kwell)-induced aplastic anaemia. Archives of Internal Medicine 150: 2393-2395, Nov 1990

Lithium

Hydramnios: case report

Hydramnios was observed after delivery at 34 weeks' gestation in a 23-year-old pregnant woman treated for bipolar disorder with lithium from 18 weeks' gestation. The patient was also found to be hypertensive. The amniotic fluid lithium level was 1.1 mEq/L; delivery was induced and lithium was stopped to prevent intoxication following an expected decrease in lithium clearance at delivery.

Although the cause of polyhydramnios is at present unknown, fetal polyuria has been suggested to be contributory. In this case the infant produced hypotonic urine at an elevated rate (122 ml/kg/day).

Ang MS, Thorp JA, Parisi VM. Maternal lithium therapy and polyhydramnios. Obstetrics and Gynecology 76 (Suppl.): 517-519, Sep 1990

Menotropins

Ovarian hyperstimulation syndrome: incidence study

Kemmann E, Ghazi DM, Corsan GH. Adnexal torsion in menotropin-induced pregnancies. Obstetrics and Gynecology 76: 403-406, Sep 1990

Methotrexate

Skin rash, renal failure and elevated serum levels: case report S

15 min after receiving an eighth dose of methotrexate 8 g/m^2 for osteogenic sarcoma, an 18-year-old woman developed a pruritic erythematous rash. The rash cleared after the administration of IV promethazine 12.5mg but she developed nausea and vomiting; bolus IV sodium bicarbonate 100ml was administered to correct a urinary pH of 6.6. After 24 hours, despite receiving IV fluid 4L, the patient was oliguric and her serum creatinine level was 0.3 mmol/L.

Alkaline diuresis, IV calcium folinate and calcium and magnesium supplementation were introduced and maintained for 14 days. The patient achieved a urinary output of > 150 ml/hour with a pH of ≥ 7.5. 24 hours after the methotrexate infusion began her serum level was an unprecedented 574 μmol/L; 390 times higher than in any known previous reports. Activated charcoal was administered, followed by haemoperfusion and haemodialysis and the patient was discharged on day 17 with normal biochemical and haematological parameters.

Haemoperfusion appeared to be of little benefit in this case whereas ***'haemodialysis is indicated only for the complications of the methotrexate-induced renal failure . . . The authors attribute the relatively low morbidity to the efficacy of folinic acid rescue . . . and . . . the initiation and maintenance of high urine flow and pH beyond the first 24 hours after the dose.'***

Grimes DJ, Bowles MR, Buttsworth JA, Thomson D, Ravenscroft PJ, et al. Survival after unexpected high serum methotrexate concentrations in a patient with osteogenic sarcoma. Drug Safety 5: 447-454, Nov-Dec 1990

Methylprednisolone

Headache after inadvertent subdural injection: case report

'I report a case of a spinal subdural injection during intended epidural steroid therapy for recurrent low back pain syndrome.'

A 52-year-old man had persistent low back and left radicular leg pain after an accident, despite surgical decompression of the L5 nerve root by bone removal. He was scheduled for epidural cannulation at L5/S1 for the administration of methylprednisolone. The procedure was conducted, with withdrawal of cerebrospinal fluid and instillation of plain lidocaine [lignocaine] + bupivacaine, followed by injection of bupivacaine + methylprednisolone 120mg over 30 min. Systolic BP fell from 140 to 80mm Hg but recovered, with support, over 3 hours. The patient had a severe frontal headache when turned onto his back, which persisted over 7 days despite postural intervention, IV fluids, sedation and opiates. Two epidural blood patches were performed, separated by 36 hours, and each time the headache resolved and then returned within 24 hours. Vision became blurred. Neurosurgical exploration under general anaesthesia revealed subdural and intra-arachnoid methylprednisolone and blood clots. Neurolysis of the left L5 nerve root, drug and blood clot removal and dural closure were performed, and methylprednisolone was placed on the dura and nerve root. The patient was discharged well 8 days later, but at 3 months follow-up back and leg pain had returned to pretreatment levels, and persisted despite a subsequent facet denervation.

Williamson JA. Inadvertent spinal subdural injection during attempted spinal epidural steroid injection. Anaesthesia and Intensive Care 18: 406-408, Aug 1990

Mianserin

Agranulocytosis and suicide: follow-up comment

Thomas CS, Read DA. Mianserin, agranulocytosis, and suicide. Lancet 336: 1511, 15 Dec 1990

Morphine

First report of severe vertigo following epidural administration: case report *

Severe vertigo occurred in a 31-year-old woman who had received epidural morphine 4mg over 5 min shortly after a caesarean section. Lidocaine [lignocaine] and fentanyl had been used for anaesthesia and an episode of hypotension occurred for which atropine and ephedrine were required. Naloxone was administered for excessive pruritus approximately 4 hours after the administration of morphine.

The patient developed nausea,

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