

avoid injection into a blood vessel. About 30 seconds later, the patient reported lightheadedness, nausea and a feeling of being hot. He was diaphoretic and his BP and HR decreased. The patient recovered gradually over the next 10 min.

Over the next 2 months the patient received lidocaine in preparation for 2 other lumbar punctures, with the above adverse reaction occurring on both occasions; repeat lumbar puncture with SC procaine used for local anaesthesia was not associated with this adverse reaction.

The authors suggested that the patient was 'supersensitive' to lidocaine. *'We are not aware of other reports of lidocaine hypersensitivity after subcutaneous administration and do not know the cause of the reaction in our patient.'*

Grothe DR, Sunderland T, Vitiello B, Martinez R, Harris P. Supersensitivity to subcutaneous lidocaine. *Clinical Pharmacy* 9: 338, May 1990

## Lidocaine + prilocaine

### Blackout in a child: case report

An 8-year-old boy was admitted for squint surgery. He was premedicated with oral trimeprazine 3 mg/kg and atropine 1mg; lidocaine [lignocaine] 2.5% + prilocaine 2.5% cream ('Emla') was applied to the dorsum of his hands and a plastic dressing applied. About 20 min later the patient became disorientated; he pulled off a plastic dressing and ingested the cream from 1 hand. A few minutes later he blacked out for 10-15 seconds, but recovered uneventfully.

*'... It would seem prudent to take steps to prevent small children removing the adhesive dressing that is applied over EMLA.'*

James IG. Emla: complications. *British Journal of Anaesthesia* 65: 295, Aug 1990

### Blanching and erythema: incidence study

Application of lidocaine [lignocaine] + prilocaine cream ('Emla') and vehicle cream to each arm of 50 volunteers, respectively, with an occlusive dressing, showed that vehicle alone is not responsible for the blanching and erythema seen with the use of this preparation. 33 of 50 volunteers developed blanching during or shortly after lidocaine + prilocaine administration; 3

developed blanching with vehicle alone. 17 volunteers developed erythema with the anaesthetic preparation (occurring after blanching in 13 volunteers), while 1 volunteer developed erythema after vehicle application. Both blanching and erythema resolved spontaneously.

Villada G, Zetlaoui J, Revuz J. Local blanching after epicutaneous application of EMLA cream. A double-blind randomised study among 50 healthy volunteers. *Dermatologica* 181: 38-40, No. 1 1990

## Methotrexate

### Brain disorders: case report

Shibutani M, Okeda R, Hori A, Schipper H. Methotrexate-induced multifocal axonopathy. Report of an autopsy case. *Acta Neuropathologica* 79: 333-335, No. 3 1989

## Oral contraceptives

### Exacerbation of hereditary angioneurotic oedema: case report

A 20-year-old woman had recurrent attacks of cutaneous oedema of the trunk and extremities after receiving ethinylestradiol 0.035 mg + cyproterone ('Diane') for 3 weeks for acne. The attacks, which lasted  $\leq$  3 days and occurred weekly, continued when she switched to levonorgestrel 0.05-0.125mg + ethinylestradiol 0.03-0.04mg ('Trinordiol'), but stopped when medication was changed to norgestrel 5mg ('Lutényl'). Abnormally low levels of endogenous C1s in the patient's complement profile and the fact that 5 of the patient's family had a history of recurrent angioneurotic oedema indicated hereditary angioneurotic oedema.

Oral contraceptives *'... containing estrogens may precipitate potentially dangerous attacks of edema, and ... progestational agents, such as norgestrel acetate, may be of benefit in young women with hereditary angioedema requiring an oral contraception'*.

Borradori L, Marie O, Rybojad M, Vexiau P, Morel P, et al. Hereditary angioedema and oral contraception. *Dermatologica* 181: 78-79, No. 1 1990

## Oxybuprocaine

### Sinus bradycardia: case report

Bradycardia developed in a 48-year-old man 5 min after he received 1 drop of oxybuprocaine

0.4% in each eye because of acute conjunctivitis. The patient was sweating and unconscious without a perceptible pulse. Cardiopulmonary resuscitation was begun. ECG revealed bradycardia of 25/min which increased spontaneously to 55/min and returned to normal following atropine administration. Sinus bradycardia recurred 30 min after the first incident, but resolved spontaneously.

Christensen C. Bradycardia as a side effect to oxybuprocaine. *Acta Anaesthesiologica Scandinavica* 34: 165-166, 1990

## Papaveretum/scopolamine/temazepam

### Pharyngitis: clinical study

Valentine S, McVey FK, Coe A. Postoperative sore throat. *Anaesthesia* 45: 306-308, Apr 1990

## Paracetamol poisoning

### Neonatal outcome: incidence study

McElhatton PR, Sullivan FM, Volans GN, Fitzpatrick R. Paracetamol poisoning in pregnancy: an analysis of the outcomes of cases referred to the Teratology Information Service of the National Poisons Information Service. *Human and Experimental Toxicology* 9: 147-153, May 1990

## Paracetamol + aspirin

### Rectal stenosis in an elderly patient using suppositories: case report

*'... There is growing recognition that analgetic [sic] suppositories should be prescribed with caution and that it is important to consider the injudicious use of suppositories in patients with anorectal lesions.'*

'Perdolan' suppositories containing paracetamol [acetaminophen] + aspirin had been used by a 74-year-old woman for migraine. She subsequently presented with a 1-month history of rectal bleeding with tenesmus, pain on defaecation, and chronic obstipation.

Rectal examination revealed a 5cm circular stenosis with superficial ulcerations. Biopsy showed nonspecific chronic inflammation and ulceration; a barium enema showed a 5cm well demarcated rigid narrowing of the rectum with 2 pseudodiverticula and 1 small fistula. After discontinuation of suppositories, rectal bleeding and pain resolved and the ulcerations