Clinical Radiology (1992) **45**, 290–291

Correspondence

Letters are published at the discretion of the Editor. Opinions expressed by correspondents are not necessarily those of the Editor. Unduly long letters may be returned to the authors for shortening. Letters in response to a paper may be sent to the author of the paper so that the reply can be published in the same issue.

Letters should be typed double spaced and should be signed by all authors personally. References should be given in the style specified in the Instructions to Authors at the front of the Journal.

SODIUM PICOSULPHATE: REACTION OR DRUG INTERACTION?

SIR – I have recently witnessed two separate adverse reactions related to 'Picolax' (Ferring Pharmaceuticals, Middlesex) (constituents per sachet: sodium picosulphate 10 mg, magnesium oxide 3.5 g, citric acid 12 g, excipients and flavour). Both patients were prescribed standard doses of the product for bowel preparation before barium enema examination. The first patient was a 60-year-old male undergoing investigation for altered bowel habit. He had been on long-term treatment for rheumatoid arthritis with sulphasalazine 1 g TDS. The second patient was a 48-year-old male undergoing follow-up assessment of non-specific colitis, who had been taking mesalazine 400 mg TDS for a short period. Neither patient had a previous drug allergy history. They both experienced a generalized urticarial skin reaction within 3 h of ingestion of a first sachet of 'Picolax'. Rapid symptomatic relief was achieved with chlorpheniramine maleate 4 mg, three doses, in both cases.

The sachets, which shared the same batch number, were checked with the manufacturers, who confirmed that no formulation change or other similar reaction had occurred. I then contacted the Committee on Safety of Medicines (CSM), Freepost, London SW8 5BR. My enquiry concerned both the incidence of adverse reactions to sodium picosulphate and any possible interactions reported with sulphasalazine and mesalazine. They proved to be most helpful and informative. To date, there have been a total of 14 reports citing skin reactions to Picolax, of which only four were urticarial. Since October 1975, 26 reactions to sodium picosulphate have been reported to CSM. These include one death from cardiac arrest, three central nervous disorders (convulsions, headache and lethargy), nine gastrointestinal disorders (pain, diarrhoea, intestinal ischaemia and melaena), one asthmatic attack and rigors (CSM, 1991). They have no record of interactions of sodium picosulphate with either sulphasalazine or mesalazine, but noted that both anti-inflammatory agents commonly cause skin rashes (Reynolds, 1989).

The measures taken above follow previously established guidelines (Anonymous, 1984; Anonymous, 1991). However, although there is no conclusive evidence that a possible interaction exists, I would be interested to hear from other readers about their experience. I would also encourage radiologists to report directly to CSM similar reactions with sodium picosulphate and, indeed, any other adverse reaction experienced with the many drugs and contrast agents we now use.

K. MCBRIDE

Directorate of Radiology
Royal Hallamshire Hospital
Glossop Road
Sheffield S10 2JF

References

Anonymous (1984). Ciba-Geigy Workshop. *British Medical Journal*, **289**, 898.

Anonymous (1991). Guidelines for writing papers. *British Medical Journal*, **302**, 40–42.

Committee on Safety of Medicines (CSM) (1991). Personal communication.

Reynolds, JEF (1989). *Martindale. The Extra Pharmacopoeia*. 29th edn, pp. 1097, 1108–1111. The Pharmaceutical Press, London.

SPLENIC-GONADAL FUSION — THE ULTRASOUND APPEARANCES

SIR – Further to the excellent and interesting case report by Henderson *et al.* (1991), perhaps readers would be interested in a similar case that presented in a rather unusual manner.

A young Arab man presented with infertility and a history of previous right orchidectomy for cryptorchidism. On examination he had a mass

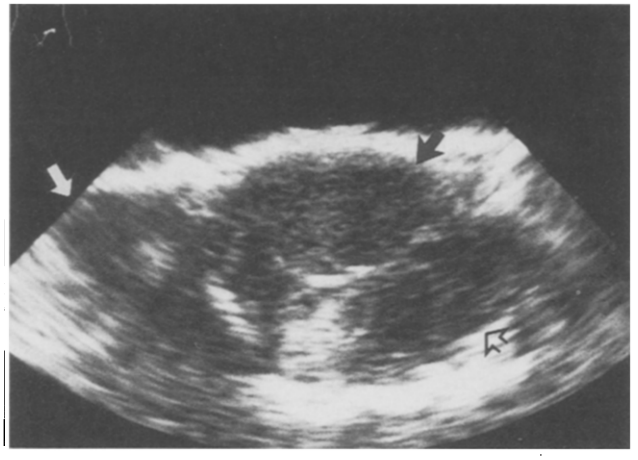

Fig. 1 – Ultrasound scan showing left testis (hollow arrow), abnormal mass (black arrow), and root of penis (white arrow).

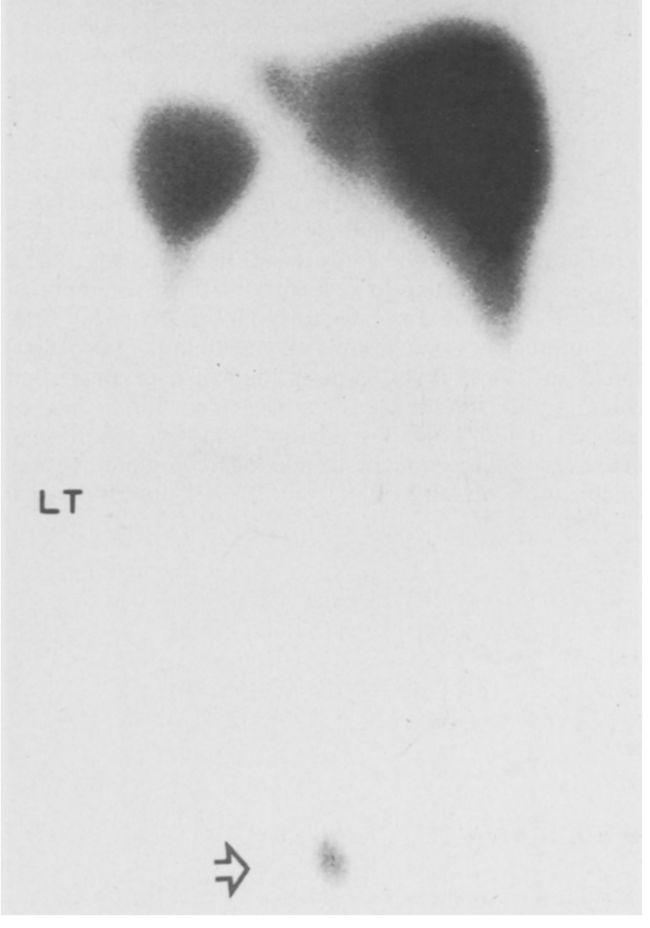

Fig. 2 – Technetium sulpha colloid scan showing normal liver, spleen and reticulo-endothelial tissue in the left scrotum (arrow).