hyperplasia. Thyroid function tests confirmed thyrotoxicosis. He was treated with carbimazole and neostigmine and within 4 days his upper motor neurone signs reverted to normal.

Of interest is the hyperthyroidism which has been reported in 5–10% of cases of myasthenia gravis. Thymic hyperplasia is seen in 75% of patients with myasthenia gravis and has been noted with myasthenia gravis associated with thyrotoxicosis. Distal limb weakness was more marked in our patient though the literature scanned mentions predominant ocular and proximal involvement. Finally, the most uncommon and interesting association was the transient cortisopinal involvement, signs of which reversed in a few days of hospitalization, possibly on the basis of reversible cortisopinal tract changes with thyrotoxicosis and their improvement with antithyroid drugs. The pathophysiological basis of pyramidal tract dysfunction in hyperthyroidism which is reversible is not known and no histopathological studies have been reported.

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References


Pericardial tamponade resulting from changing a central venous catheter over a guide wire

Sir,

Pericardial tamponade resulting as a complication of central venous cannulation is well recognized. In renal dialysis units it is routine practice to replace central venous catheters using guide wires. I report a case of haemopericardium in a dialysis patient who followed replacement of a subclavian vein catheter over a guide wire which was inserted through a catheter already in the vein.

A 42 year old female with renal failure secondary to systemic lupus erythematosus was being temporarily haemodialysed via a single lumen 20 cm 8F central venous catheter which had been inserted into the left subclavian vein infracavicularly using the Seldinger technique. A chest radiograph after insertion of the catheter showed a normal cardiac outline.

On the fifth dialysis session, 9 days after insertion of the catheter, it was decided to change the catheter due to poor blood flows. A straight uncoated 70 cm x 0.038 in. guide wire (Vas-Cath Inc) was easily inserted through the catheter lumen and the catheter was removed. A new 20 cm 8F catheter with a single lumen was inserted over the guide wire which was then removed.

A chest radiograph following catheter replacement confirmed satisfactory positioning of the catheter in the superior vena cava and showed a normal cardiac outline. The patient was commenced on haemodialysis with a continuous infusion of heparin at a rate of 1500 units/h. Ninety minutes later she became unwell with a sinus tachycardia and hypotension. An echocardiogram confirmed a large collection in the pericardial space and showed right ventricular diastolic collapse confirming tamponade. After unsuccessful attempts at subxiphisternal pericardial aspiration she underwent emergency thoracotomy.

At operation 300 ml of blood with a haematocrit of 0.27 was removed from the pericardial sac. The peripheral blood haematocrit was 0.24. A drain was left in situ and a subsequent chest radiograph did not show any change in the position of the catheter. This was later removed and the patient made an uneventful recovery.

We believe that the haemopericardium resulted from a combination of anticoagulation and breaching of the wall of the superior vena cava or right atrium.

The use of a J shaped instead of a straight guide wire may have prevented this complication. This case illustrates that patients requiring anticoagulation are at particular risk of complications related to central venous catheterisation. It also shows that a satisfactory chest radiograph following cannulation does not exclude the possibility of serious late complications.

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References


Leukopenia and thrombocytopenia due to fusidic acid

Sir,

Fusidic acid is increasingly used especially for methicillin-resistant staphylococci. Side effects are limited to gastrointestinal upset, skin rashes, impaired liver function and, rarely, granulocytopenia. We report here leukopenia and thrombocytopenia in association with fusidic acid.
Pericardial tamponade resulting from changing a central venous catheter over a guide wire.

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doi: 10.1136/pgmj.67.788.591