considering hyponatraemia as a cause of reversible cerebellar dysfunction.

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References

Spontaneous flail chest in multiple myeloma

Sir,

Spontaneous flail chest is rare in multiple myeloma but poses a difficult therapeutic problem.1–3 We report prolonged survival of a patient after hemibody irradiation. He presented at age 59 with a 2 month history of chest pain. On examination there was a large anterior flail segment, with paradoxical movement of the sternum and 4th to 9th ribs bilaterally; a chest X-ray revealed multiple bilateral rib fractures. Full blood count and renal function were normal. Abnormal findings confirming myelomatosis were a serum calcium of 2.7 mmol/l (albumin 36 g/l), a faint M-band in serum, 0.1 g/l of kappa light-chains in urine, widespread lytic bone lesions, and 41% atypical plasma cells in bone marrow. There was no respiratory failure. Ten milligrams of melphalan and 40 mg prednisolone were given daily for 3 days but his pain worsened. He was therefore treated with a modified upper (600 cGy in single fraction), followed by lower, hemibody irradiation4 and then 9 further courses of melphalan and prednisolone. Four months after starting treatment there was reduced mobility of the flail, radiological bone healing, improved spirometry and under 2% plasma cells in bone marrow. His chest is deformed but stable 4 years after diagnosis.

Although skeletal involvement is common in multiple myeloma, reports of spontaneous flail chest are rare. Our experience accords with previous descriptions:1–3 despite its alarming presentation, this complication does not necessarily predict a poor prognosis and justifies an aggressive approach to therapy.

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References

NACT Training Package

This is an open learning study pack which aims to improve the teaching skills of clinical tutors and other tutors. Topics covered include junior doctors’ educational skills and their provision, the funding and management of resources, managing change, and the operation of postgraduate centres. The development of the package was funded by the Department of Health and produced with the help of the Open University and the Joint Centre for Educational Research and Development in Medicine.

Further information about the NACT Training Package, which costs £50 including postage, can be obtained from the Secretariat, NACT, 6 St Andrew’s Place, London NW1 4LB (Tel. 071 935 5556).

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Spontaneous flail chest in multiple myeloma.

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doi: 10.1136/pgmj.68.797.231

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