Invariably all patients affected by Buerger's disease come from the lowest socioeconomic strata of the Indian society, smoke bidis (home made cigarettes with raw tobacco) and suffer from varying degrees of malnutrition.

The rapid train of events ending in amputation leads us to believe that patients in Western India suffer from a particularly virulent type of Buerger's disease not amenable to sympathectomy. Recently, Fiessinger and Schafer\(^1\) conducted a placebo-controlled prospective trial comparing either oral aspirin and a 6 hour daily placebo infusion, or a placebo tablet identical to aspirin and a 6 hour infusion of Iloprost. They showed that intravenous Iloprost for 21–28 days was significantly more effective that low-dose aspirin or placebo for the relief of rest pain and healing of ulcers. The findings of this multi-centre trial are exciting, but may not be applicable to patients suffering from Buerger's in Western India, as Iloprost has to be given by infusion daily for up to a month and is expensive. Fiessinger followed the patients for only 6 months which is too short a period for the appearance of complications of this disease. However, these results are encouraging and perhaps Iloprost may have a role in salvaging limbs after failure of lumbar sympathectomy.

Percutaneous transluminal angioplasty is of value in selected cases of atherosclerotic peripheral vascular disease\(^2\) but in Buerger's disease, because of multiple blocks in small arteries, angioplasty is of no use. Laser thermal angioplasty is being tried in total peripheral artery occlusions,\(^3\) but this procedure is as yet experimental. Omental revascularization of the extremities as described by Casten and Alday\(^4\) is being tried in our unit for those patients who have failed to respond to sympathectomy and are in imminent danger of losing their limbs. Long-term results are awaited but in the short term this procedure seems to decrease pain and increase collaterals as seen in post-omental revascularization angiograms.

The absence of proven alternative therapies in Buerger's disease is dismal news for these patients. More research needs to be done and new drug/surgical therapies need to be developed for this disease.

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### References


### Depression and chronic clonidine therapy

Sir,

Clonidine is an alpha\(_2\) adrenoceptor agonist used in the treatment of hypertension. Central adverse effects such as sedation are the commonest problem. Depression is a known though uncommon side effect of clonidine, and usually presents when the drug is initially introduced. Its prevalence is about 1\%\(^5\). We recently encountered a case of depression in an elderly patient who had no past psychiatric history and had been on clonidine for 18 years. The history of depression was short and it improved dramatically once the clonidine was withdrawn. Our experience suggests that clonidine therapy may indeed be a contributing factor in a depressive illness and it may do so many years after commencing the drug.

An 87 year old woman presented as an emergency with a 2 day history of lethargy and immobility. Her husband died recently. Drugs on admission included clonidine 0.3 mg twice a day. Blood pressure was well controlled. She said she felt low in her mood and was tearful. Her appetite was poor and sleep disturbed. It was decided to gradually withdraw the clonidine as it was felt that it may be contributing to her depression. A psychiatric opinion confirmed the diagnosis of mild depression. As soon as the clonidine was withdrawn her mood improved, her appetite returned and she started to mobilize. Her bowel habit which had been constipated also became regular once again.

Recent reviews on the use of clonidine in the treatment of hypertension indicate that depression is not a major problem.\(^2\) A few studies on clonidine have reported depression as a side effect\(^3\) and others have not.\(^4\) Nevertheless, depression is the commonest psychiatric adverse effect of clonidine reported to the Committee on Safety of Medicine (CSM, personal communication). Clonidine has been shown to produce behavioural depressive effects in laboratory animals, and this has been suggested to be a suitable animal model for depression.\(^5\) The biochemical basis for clonidine-induced behavioural changes in animals is thought to be due to a decrease in noradrenaline release in the central nervous system.

Though depression is not universally excepted to be an adverse effect of clonidine, it seems likely that it may be in view of its other central adverse effects. In our case the sequence of events strongly suggested that clonidine was contributing to the depression, though one cannot be certain. The other point of note is that depression may result many years after the drug is commenced. We would like to recommend that in any patient with depression on clonidine therapy, withdrawal of the drug may be beneficial. It may be that the potential of clonidine to cause depression is underestimated as it is an uncommon adverse effect in an infrequently used drug.

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Meralgia paraesthetica or lesions of the lateral femoral cutaneous nerve of the thigh have been known for a long time; however, involvement of this nerve after renal transplantation is uncommon and can be a source of annoyance to the patient. We routinely use the Book–Walter frame with fixed retractors to obtain good exposure, the casual placement or excessive retraction may have caused the injury as both cases had no intra-operative or postoperative complications such as delayed graft function, excessive bleeding or long anastomosis times. It is interesting to note that there are a number of anomalies associated with the passage of the nerve. The lateral femoral cutaneous nerve of the thigh arises from the dorsal branches of the second and third lumbar ventral rami, emerges from the lateral border of the psoas major, crossing the iliacus obliquely towards the anterior superior iliac spine. The nerve could pass at any point within several inches of the actual tip of the anterior superior iliac spine and then may pass through or below the liginal ligament. For example, Jefferson and Eames found anomalies in five of 12 nerves removed from normal autopsies. To avoid this complication it would be advisable to place retractors at least 2.5 inches medial to the anterior superior iliac spine and well away from the femoral nerve and to avoid excessive retraction. Another solution would be to map the lateral cutaneous and femoral nerves pre-operatively so as to avoid direct retractor injury.

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References

Neuropathy of the lateral cutaneous nerve of the thigh: an avoidable complication of renal transplantation

Sir,

Nerve injuries following renal transplantation are an unusual complication and, although not serious, these can be avoided by careful placement of self-retaining retractors. We suggest a way of avoiding such injuries by pre-operative mapping of the nerves. A review of literature suggests that these injuries can be due to mechanical injury by retractors, ischaemia, compression by haematoma or due to progressive uraemia.1-4

Case 1: A 41 year old man, following an uneventful renal transplant complained of numbness along the right lateral thigh with paraesthesia. Sensory nerve conduction studies were done using needle electrodes by recording over bilateral lateral femoral cutaneous nerves with stimulation proximally, above the inguinal ligament. On the unaffected side the sensory nerve action potentials could be recorded and averaged with a resulting latency of 3.1 ms, and peak latency 3.9 ms, amplitude recorded was 11 μV and conduction velocity measured was 50 m/s, which is within normal limits. On the affected side stimulation did not record any sensory nerve action potentials. Electromyographic examination of the right vastus lateralis, thigh adductors and gluteus medius showed normal insertional activity and electrical silence at rest. Motor unit potentials were of normal morphology, with a full interference pattern throughout.

Case 2: A 51 year old man who received a renal transplant to his left side developed similar sensory symptoms as in case 1. Both patients had a normal renal scan on the first postoperative day and a normal ultrasound examination of renal scan of the transplanted kidney on the fifth postoperative day.

References
Depression and chronic clonidine therapy.

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