Organisms isolated from septic joints in pregnancy include *Pseudomonas aeruginosa*, *Staphylococcus aureus*, *Mycoplasma hominis* and our case of group B streptococcus.

**Cause of diarrhoea in patients with hypogammaglobulinaemia**

**Sir,**

Giardiasis is considered the commonest identifiable cause for diarrhoea in patients with hypogammaglobulinaemia. We recently reviewed the records of the patients with hypogammaglobulinaemia and diarrhoea treated at our institution during the past 12 years and the results did not conform with this widely accepted notion.

Eight adult patients (six males, two females; ages ranging from 18 to 54 years) presenting with hypogammaglobulinaemia and diarrhoea were evaluated between 1982 and 1993 at the Gastroenterology Section of the Hospital das Clínicas de Ribeirão Preto (São Paulo, Brazil). The relevant data are summarised in the table.

*Giardia lamblia* was the unique pathogen detected in all four patients. Although a seven-day course of metronidazole caused disappearance of *G lamblia* from the stools and/or duodenal aspirate in all four, clinical response to treatment was seen in only two of them. Patient 8, a 54-year-old man, presented with a two-year history of chronic diarrhoea and a 20-kg weight loss. *Isospora belli* cysts were found in a stool sample, but results of culture and parasitic studies for bacteria and other common pathogens, including *G lamblia*, were negative. Relevant results of further investigations were: low serum immunoglobulin levels (IgG 310 mg/dl, IgA 20 mg/dl, and IgM 32 mg/dl), high faecal fat (19 g/24 h), and radiologic evidence of malabsorption. Oral trimethoprim-sulfamethoxazole (140 mg/day), was started and resulted in resolution of diarrhoea within 48 hours, leading us to maintain the treatment for 30 days. Stool examination on days 7, 8, and 20 of therapy revealed cysts of *G lamblia* but was negative for other pathogens. Taking into account the improvement of the patient and with his consent, *G lamblia* treatment was not immediately given. On day 45, when the patient had gained 13 kg and was asymptomatic, a seven-day course of metronidazole, 1.5 g/day, was given with no apparent effect.

*G lamblia* was not detected in three patients; two of them had other pathogens detected in stool samples and had good clinical responses to treatment. Although our findings are consistent with the notion that *G lamblia* infestation is commonly associated with hypogammaglobulinemia, they indicate that giardiasis may be innocuous for hypogammaglobulinemic patients with diarrhoea, and the diarrhoea may be related to pathogens other than *G lamblia*. As a corollary, the search for potential causes of diarrhoea in hypogammaglobulinemic patients should not cease if *G lamblia* is found in the stools. This notion is particularly important when evaluating patients living in poor sanitary conditions, thereby at an augmented risk of infection by several pathogens.

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**Table**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Characteristics of the diarrhoea</th>
<th>Identified pathogen</th>
<th>Clinical response to treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>intermittent, moderately severe</td>
<td><em>G lamblia</em></td>
<td>metronidazole</td>
</tr>
<tr>
<td>2</td>
<td>steady, moderately severe</td>
<td><em>G lamblia</em></td>
<td>metronidazole</td>
</tr>
<tr>
<td>3</td>
<td>steady, watery, severe</td>
<td><em>S tercerealis</em></td>
<td>cabendazole</td>
</tr>
<tr>
<td>4</td>
<td>steady, steatorrhea, severe</td>
<td><em>E coli</em></td>
<td>tetracycline</td>
</tr>
<tr>
<td>5</td>
<td>intermittent, mild</td>
<td><em>G lamblia</em></td>
<td>metronidazole</td>
</tr>
<tr>
<td>6</td>
<td>steady, watery, moderately severe</td>
<td><em>Shigella flexneri</em></td>
<td>trimethoprim-sulfamethoxazole</td>
</tr>
<tr>
<td>7</td>
<td>intermittent, mild</td>
<td><em>G lamblia</em></td>
<td>metronidazole</td>
</tr>
<tr>
<td>8</td>
<td>steady, severe, steatorrheas</td>
<td><em>Isospora belli</em>+<em>G lamblia</em></td>
<td>trimethoprim-sulfamethoxazole</td>
</tr>
</tbody>
</table>

**Polyorchidism: causation and management**

**Sir,**

Polyorchidism is a uncommon condition with only 90 cases having been reported in the accessible literature since 1970. It is an anomaly which should be considered when assessing scrotal masses.

**Case report**

A 34-year-old man presented because of increased frequency and severity of the left scrotal discomfort he had been having for many years. Two smooth swellings had been noted on the left side 20 years previously, one of which was thought to be an encysted hydrocele of the cord. On this occasion two discrete smooth non-transilluminating masses were felt in the left scrotum and polyorchidism was diagnosed. At operation two small but normal looking testes were found on the left side (figure). The large upper and smaller lower testes shared a common epididymis. A single vas arose from the epididymis near the lower testes. Each testes had a separate blood supply. Biopsy of the testes showed normal spermatogenesis. The testes were fixed to each other and the tunica. At follow-up six months later the patient had had no further pain.

**Comment**

Embryologically, polyorchidism, or testicular duplication, is thought to result from transverse division of the urogenital ridge between the fourth and sixth week. The mesonephric tubules and duct are not involved, which explains the most common form of duplication in which there are two testes, a common epididymis and single vas, as in the case reported here. Complete duplication of testes, vasa and blood supply is extremely rare and is thought to be due to longitudinal division of the genital ridge and associated mesonephric tubules.

Most patients present with a mass which may or may not be causing pain. Polyorchidism is rare but can be diagnosed clinically and differentiated from cysts, lipoma, and tumours. The diagnosis can be confirmed by ultrasonography. The commonest associated abnormalities are maldescent (15–50%), which can affect either or both testes, and inguinal hernia (30%). Torsion has occurred in 15% of reported cases and

**Figure** Operative photograph showing the larger upper testis connected to the smaller lower testis by the common epididymis. The single vas is marked by the steel pointer.
Causes of diarrhoea in patients with hypogammaglobulinaemia.

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