form of recent dental infection or manipulation. Our patient also had very poor dentition and valvular heart disease. Various combinations of antibiotics like penicillin and streptomycin, cephalexin and streptomycin, penicillin, tetracycline and streptomycin have been successful in treating diabetic patients, however, at present high dose penicillin (> 25 mU/day) in combination with an amnoglycide for six weeks is favoured.4

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Emergency blood test guidelines

Sir,
The audit study by AG Pennycook1 resulted in considerable savings (40%) on out-of-hours investigations in the Accident and Emergency department in Southampton. We carried out a similar study here seven years ago but achieved a smaller (22%) reduction in on-call investigations over the first few months only.2 Since then the on-call workload for the laboratory has increased steadily year-on-year, despite instruction of doctors in the Accident and Emergency department on the use of our guidelines. We are now reconsidering the wider use of emergency investigation guidelines and contacted the laboratory in Southampton to ask about the effect of the guidelines on their workload. They were not aware of the audit study conducted in their Accident and Emergency department and their workload figures had not shown any reduction over the years. A possible explanation is that the reduced requesting in the Accident and Emergency department was compensated for by increased requesting for blood tests on patients admitted to other units in the hospital. We are therefore not yet convinced that significant costs savings can be made for the whole hospital by the use of such guidelines but intend to explore this further.

CHRISTOPHER J TURBULL
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Octreotide therapy for diarrhoea

Sir,
Intractable diarrhoea complicates systemic amyloidosis in a significant number of patients. The aetiology is thought to be either autonomic neuropathy or direct infiltration by amyloid of gastrointestinal submucosa. Therapeutic management is frequently unsatisfactory due to resistance to conventional and/or antidiarrhoeal agents. Only two case reports exist to date in the literature describing successful symptomatic control with the long-acting somatostatin analogue octreotide acetate.3,4 We report the third.

Case report

An 80-year-old woman had a six-month history of weight loss, anorexia and unrelenting diarrhoea, unaccompanied by blood or mucus and resistant to all attempts at conventional treatment with codeine, loperamide and sulphasalazine. Routine biochemical and haematological investigations, stool cultures, gastroscopy with biopsy, abdominal ultrasound and barium enema examination were all negative. Histology from rectal biopsies, however, stained with Congo red and confirmed a diagnosis of amyloidosis, immunohistochemistry demonstrating a monoclonal immunoglobulin light chain (AL) type. Institution of octreotide therapy 100 µg subcutaneously three times daily resulted in immediate cessation of her diarrhoea. Transfer to another hospital unfortunately led to octreotide being discontinued with subsequent recurrence of diarrhoea, but re-challenge with the drug again achieved immediate symptomatic control.

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Octreotide therapy for diarrhoea.

I. A. Gilanders, J. D. Fulton and V. E. Save

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