Chronic fatigue syndrome

Sir,

De Lorenzo and colleagues report a previously undefined relationship between chronic fatigue syndrome (CFS) and phosphorus diabetes. They also report that mean serum phosphorus concentration was found to be significantly lower in CFS patients than in control subjects. They explain their findings by the hypothesis that CFS patients have a metabolic process that is secondary to their chronic burn-out and skeletal muscle. Another hypothesis can, however, be proposed. For phosphatase activity in serum has been recently reported to be associated with high levels of tumour necrosis factor-a and interleukin-6. However, these inflammatory cytokines are also produced to excess in both CFS patients and hypogonadal subjects. De Lorenzo and colleagues' findings, therefore, may simply reflect the hypogonadism of CFS patients, which is one of the 20 features that CFS shares with Addison's disease. 1

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Accepted 8 July 1998


Asymptomatic murmurs

Sir,

I read with interest the article entitled 'Asymptomatic murmurs' by Biggart and Coltart. Although the patient was eventually diagnosed to have an unruptured aneurysm of the sinus of Valsalva, the murmur was due to the coexistent aortic stenosis. It was by chance that echocardiogram, which was performed for assessment of the systolic murmur and showed mild aortic stenosis, revealed a bizarre right atrial echo. The latter, in combination with a large calcified mass in the region of the right atrium, led to the clinical suspicion of a calcified aneurysm of the sinus of Valsalva, which was confirmed by ascending aortography.

It should be emphasized that unruptured aneurysms of sinus of Valsalva are usually asymptomatic and do not produce any heart murmurs. As was cited as reference 4 in the article, my colleagues in China and I reported the value of three-dimensional transoesophageal echocardiography in making the diagnosis of an unruptured aneurysm of sinus of Valsalva and in distinguishing it from an atrial myxoma.

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Accepted 22 July 1998


The use of the Internet amongst gastroenterology out-patients

Sir,

The Internet is becoming a widely available source of knowledge and is being used to disseminate information to a large audience. 1 The rapid growth of the Internet has been associated with the development of many on-line services for patients. In the USA there are a number of web pages devoted to patient education. 2 In addition to those provided by the National Institutes of Health and various university departments of gastroenterology, there are a number of on-line magazines such as The Old Crohnie, Keith's Crohn's Chronicle and the IBD NewsLetter.

As the Internet is increasing in its accessibility, we undertook a pilot postal questionnaire study to assess how many of our gastroenterology out-patients had accessed the Internet and actively used this facility to obtain information about their disease. We were also interested to know whether they felt that the Internet would play a larger role in the future. Forty-four patients were asked to complete a postal questionnaire which was confidential and anonymous. The questionnaire asked patients if they had accessed the Internet (and the Web) and if they had used the Internet to seek information about their disease. It also asked if the growth of the Internet had been associated with widespread use of the Internet to obtain information about hospitals, their treatment and their condition. Reasons of patient confidence and anonymity prevented us from carrying out a second mailing.

Of the 23 patients who replied, only six had access to a computer and of these only two patients had used the Internet. Neither had sought information on their disease. However, 65% of patients believe that it will become very important in the future, particularly in providing information about their treatment and services, to patients (69%). Patients also felt it would enable them to check on their doctors' treatments (61%). At present the Internet appears to have little place in the care of gastroenterology out-patients in the UK. This largely reflects the limited availability of the Internet to most of our patients, but the Internet community is rapidly expanding and we may gain more influence over time. Indeed, the majority of patients believe its role will grow, and it will provide an important check on the quality of the treatment that they receive.

Many of the web pages that patients access are unstructured and are not subject to the usual peer review process afforded by medical journals. 3 Several user groups devoted to Crohn's disease and ulcerative colitis have an active information exchange program on the Internet. On reviewing these sources of information it is obvious that there is a widespread need for better quality information. It is therefore critical that doctors become actively involved in the dissemination of information to their patients and respond to the needs of patients who post questions to the user groups. Only by doing this may we increase the caliber of information that is available to our patients. Failure to do so may well stimulate the growth of poor quality information which could act as a stimulus to inappropriate litigation.

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Accepted 22 July 1998


Compression syndromes caused by subclavian goitres

Sir,

We read the article by Anders on compression syndromes caused by subclavian goitres with interest. We would like to comment on some of the statements of the author.

First, Anders stated that dysphagia is the most frequent oesophageal symptom of subclavian goitre. In our initial publication, 1 we reported dysphagia as a presenting symptom in only 26% of our patients. This percentage has now dropped to 15%, according to our more recent data.

Secondly, the authors quoted our paper about recurrent transient ischaemic attacks related to thyrocervical 'steal' by an increased thyroid blood flow. In fact, we reported, the transient ischaemic attacks (right hemiplegia) were most probably caused by the association of two causes: first, a cerebrovascular circulation 'steal' syndrome secondary to the development of a left voluminous retrotracheal goitre resulting in the enlargement of the inferior thyroid artery (which did not arise from the thyrocervical trunk of the subclavian artery but as a collateral branch of the common carotid artery at the level of its bifurcation) with subsequent decrease in left carotid blood flow, and secondly the presence of a congenital left atrio-ventricular septal defect limiting collateral blood flow into the circle of Willis. Our review of the literature disclosed a similar case of cerebrovascular circulation 'steal'
Chronic fatigue syndrome.

R. Baschetti

doi: 10.1136/pgmj.74.877.701

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