Sexual Problems and their Management

By C. G. FAIRBURN, M. G. DICKERSON and J. GREENWOOD. Pp. 112, illustrated. Churchill Livingstone Medical Text, Churchill Livingstone, London, Edinburgh, 1983. £3.95.

This book presents a useful summary of knowledge on human sexual function and its vicissitudes. What distinguishes this volume is the considerable space given to the effects of physical illness on sexual function. There is a growing awareness in the medical profession of the additional burden thrown on to the disabled by difficulties with their sexuality and this book will assist the process of education. The treatments prescribed by doctors may also interfere with sexual activity and there is a useful table of drugs that adversely affect sexual function.

The final chapter is devoted to treatment regimes that the interested doctor may practice. There are suggestions for a number of instruction leaflets that can be handed out to complement sessions with the therapist. The book is so lucidly written that the reader may be misled into attempting therapy without some personal tuition or supervision from an experienced therapist or other supportive system. There is an appendix that contains the addresses of a number of useful agencies and a guide to further reading.

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Letter to the Editor**Mefenamic acid-induced interstitial nephritis and renal failure**

Sir,

There have been several reports of renal failure occurring after treatment with mefenamic acid (Ponstan) (1-6). A histological diagnosis has been made in only three patients, all of whom had interstitial nephritis (2,5,6). We report a further example of this drug-induced renal lesion.

A 63-year-old housewife had systemic lupus erythematosus and longstanding unexplained inappropriate secretion of antidiuretic hormone. In 1980 creatinine clearance was 80 ml/min and proteinuria was absent. She received oral indomethacin for several months in early 1982 for joint pain and on 22nd June 1982 mefenamic acid, 500 mg twice daily, was substituted. By 3rd July 1982 she was pyrexial and had generalised erythema multiforme; mefenamic acid was discontinued. On 21st July the blood urea was 28.6 mmol/l and serum creatinine 0.79 mmol/l. Creatinine clearance was 3 ml/min and urinary protein loss was 0.7 g/24 hr. On renal biopsy 10 glomeruli were seen. One was completely hyalinised but the remainder were normal. There was a very dense interstitial infiltrate with eosinophils, lymphocytes, macrophages and plasma cells and associated tubular necrosis with occasional breaks in tubular basement membranes, degenerative and regenerative changes in tubular epithelial cells and cellular infiltrates in tubular lumina. The changes were most marked in the medulla. On electron microscopy epithelial foot processes were perfectly preserved and no electron dense deposits were seen in relation to the capillary basement membrane or in the mesangium. Three glomeruli were examined for IgG, IgA, IgM, C3, C1q and fibrinogen by immunofluorescence with completely negative results. The intima of an artery showed a coarse granular positive staining with antibody to C3 and artery walls stained similarly with antibody to C1q.

The histological appearances prompted treatment with methylprednisolone 1 g intravenously on three consecutive days followed by prednisolone, 30 mg daily, and azathioprine, 75 mg daily, reducing progressively thereafter until by mid-December 1982 she was receiving prednisolone, 5 mg, and azathioprine, 25 mg daily. By January, 1983 serum creatinine was 0.15 mmol/l and creatinine clearances were 36 and 44 ml/min on consecutive days. There was no abnormal amount of protein in two 24-hr urine collections. In April 1983 creatinine clearance was 40 ml/min.

We report our experience both to reinforce previous descriptions of the association between mefenamic acid and renal impairment, and because a histological diagnosis was made in our patient. In all four patients in whom renal biopsy has been carried out, interstitial nephritis has been found and this lesion is in all probability the usual—perhaps invariable—one in such cases.

Yours faithfully,

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