Letters to the Editor

Epistaxis after prolonged water immersion in a hot Jacuzzi

Sir,

Water immersion up to the neck can cause many haemodynamic changes including increased central venous pressure and central blood volume as well as diuresis, natriuresis and decreased vasopressin levels.^{1–3} These effects have also been noticed after use of the Jacuzzi,^{4,5} especially one with water temperature over 39°C⁶. Vasopressin stimulates production of thromboxane,⁷ and vasopressin infusion is used in treatment of bleeding diathesis such as Mallory-Weiss syndrome.

A 39 year old businessman, in excellent health, stayed in a very hot Jacuzzi (approx. 41°C) for over 90 minutes, keeping only his head above water. About an hour after leaving the health club, he presented with a very copious epistaxis. He was treated at an outpatient clinic, and the epistaxis resolved. He claimed that he never had nosebleeds prior to this instance and that his usual stay in the Jacuzzi was for only 15 minutes.

Thus, it is possible that prolonged head-out water immersion in the hot Jacuzzi could affect platelet aggregation and induce bleeding in the susceptible.

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Autosympathectomy: a late complication of metastatic breast disease

Sir,

A 45 year old woman underwent simple mastectomy (with axillary node sampling) for carcinoma of the right breast. A single node contained metastatic disease.

Three years later a chest X-ray showed a raised right hemi-diaphragm, blunting of the right costophrenic angle and appearances suggestive of pleural thickening. A bilateral

oophorectomy was carried out. Six months later a symptomatic right sided pleural effusion developed but no malignant cells were seen in the aspirate. Tamoxifen was commenced.

During the next 3 year period pleural thickening was noted but there was no gross reaccumulation of fluid. The patient then developed postero-lateral chest pains on the right and a feeling of warmth in the right hand with a noticeable colour change (right more than left). The right hand was found on examination to be warm and dry and a diagnosis of auto-sympathectomy was confirmed by thermography. There was no evidence of Horner's syndrome.

Thermographic imaging (Novatherm Contact Thermography System, Novamedix, Ltd¹) which has previously been used to assess impaired sympathetic function,² confirmed a significant discrepancy between the temperature of the hands. The right hand was the hotter with most of it having a cutaneous temperature measuring 31°C. The left hand was markedly cooler with a mean temperature of 27°C.

The sympathetic supply of the hand is derived from the T1 to T5 segments of the sympathetic chain. In this case, the autotomectomy is assumed to have been caused by involvement of the T2 to T4 ganglia by tumour deposits on the pleura. The absence of Horner's syndrome suggests that the stellate and T1 ganglia were not involved.

The patient remains well with persistent denervation but no other signs of disease progression. This case, to our knowledge, demonstrates a previously undescribed complication of metastatic breast disease.

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Reversible hypothyroidism detected by normal ^{99m}Tc scan

Sir,

The existence of a reversible type of hypothyroidism sensitive to iodine restriction has been described in Japanese patients with dietary iodine intake of more than 1 mg daily.¹ In amiodarone-iodine induced hypothyroidism (AIH), ^{99m}Tc-pertechnetate and radioiodine uptake are normal.^{2,3} We describe a case of diiodohydroxyquinoline-induced hypothyroidism whose reversibility was suspected by the normal thyroid ^{99m}Tc-pertechnetate scan.

A 56 year old man had taken diiodohydroxyquinoline (Direxide) containing 63% iodine for one year, providing him with iodine intake of 210 to 420 mg/day. He presented with classic symptoms and signs of hypothyroidism, and serum concentrations of 18 mmol/l thyroxine (T4),