Letters to the Editor

Right-sided endocarditis in the non-drug addict

Sir,

The differential diagnosis of the underlying causes of right-sided endocarditis includes not only the non-neoplastic conditions listed by Naidoo¹ but also the occasional case of colonic neoplasm complicated by streptococcus bovis bacteraemia.^{2,3} I concur that one sometimes has to institute full antibiotic therapy for infective endocarditis even when patients with right-sided vegetations have sterile blood cultures.¹ This was my experience in the management of an 80 year old woman presenting with syncope and a systolic murmur, in whom two-dimensional transthoracic echocardiography showed a 1 cm diameter pulmonary valve vegetation which appeared to prolapse into the pulmonary artery. Three blood cultures were sterile, and the serological tests for chlamydia, *Coxiella burnetti*, and brucellosis were negative. Four weeks and 16 weeks, respectively, after presentation, the pulmonary valve vegetation remained unchanged, although the patient felt well and was afebrile, with a normal ESR. Like the patients reported by Naidoo, this woman had no history of intravenous drug abuse. Finally, notwithstanding the success of two-dimensional transthoracic echocardiography in imaging right-sided vegetations, transoesophageal echocardiography has, nevertheless, been shown to have greater diagnostic sensitivity, as well as the ability to distinguish more successfully between right atrial anatomical artifacts and authentic space occupying lesions.⁴

Acknowledgement

I am grateful to Dr M Husaini, F.R.C.P., consultant cardiologist at Tameside General Hospital, for the echocardiographs.

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Dystonia – a rare manifestation of carbamazepine toxicity

Sir,

Carbamazepine is widely used to treat seizure disorders, trigeminal neuralgia and, more recently, affective

disorders. Side effects commonly encountered during its use include drowsiness, diplopia, blurring of vision, disturbances of equilibrium and, after prolonged use, abnormalities of liver functions.¹ Dystonia is a distinctly uncommon manifestation associated with carbamazepine toxicity and has been reported only infrequently.^{1–4} We encountered a patient who presented with dystonia after ingesting a single toxic dose of carbamazepine.

A 13 year old female was brought to the medical emergency room 3 hours after she had developed altered sensorium and abnormal posturing of her trunk and extremities. She was not a known epileptic and there was no other significant present or past history. A detailed review of family history revealed that her grandmother, who was a member of the household, was taking carbamazepine for a major psychotic illness.

Examination revealed that the patient was comatose, responding only to painful stimuli. She had frequent dystonic movements involving her trunk and extremities. The cerebrospinal fluid, haemoglobin, serum biochemistry, urine, chest X-ray and electrocardiogram were normal.

The patient was given gastric lavage and supportive care. The next day her sensorium improved and a down-beat nystagmus became elicitable. By the third day, she had regained consciousness sufficiently to volunteer that she had swallowed eight of her grandmother's pills (each tablet containing 200 mg of carbamazepine).

Despite the widespread use of carbamazepine and many reports of its toxicity, there have been relatively few reports of dystonia occurring after its use. Some of these have been of dystonia associated with the use of carbamazepine in brain-damaged children.² In others, the patient had received other drugs in addition to carbamazepine.³ We could find only a single case of deliberate carbamazepine poisoning resulting in dystonia in the English language literature.⁴ Though in most of these cases serum levels of carbamazepine were in the toxic range, in at least one case² the blood level was within the accepted therapeutic range.⁵ There is no fixed relationship between the dose of the drug and its concentration in the serum.

Although in our patient the serum levels of carbamazepine could not be measured, the temporal relationship of ingestion of 1,600 mg of carbamazepine to the occurrence of dystonia and nystagmus, and the disappearance of these symptoms over the next 2 days establishes a causal relationship.

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