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

ASHOK VAGHJIMAL
LARRY I LUTWICK
EDWARD K CHAPNICK
*Infectious Diseases Division,
Maimonides Medical Center,
4802 Tenth Avenue,
Brooklyn, NY 11219, USA*

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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 them 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.

C van HEYNINGEN
*Clinical Laboratories, Aintree Hospitals,
Fazakerly Hospital, Lower Lane,
Liverpool L9 7AL, UK*

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Cardiopulmonary resuscitation

Sir,

In his interesting article, Kevin Stewart analyses the ethical and moral principles around the issue of how 'not for cardiopul-

monary resuscitation' decisions (DNR decisions) are made. We would agree that, in most cases where a decision will be put into effect, they can be made on the grounds of futility, ie, it is not necessary to offer an ineffective treatment.

However, a larger number of patients are admitted to hospital unwell but not with a high likelihood of dying, in whom death is nevertheless a possibility. A decision still needs to be made in case of the unexpected cardiac arrest. In our study we did not find any way of being able to predict the 18% of patients who would not want to be resuscitated without asking them first; in addition, we found that 35% of patients wish to be actively consulted while 51% did not mind.² Quality of life from the observer's perspective does not seem to be a valid predictor of the decision made by the patient. Therefore, it is necessary to discuss DNR decisions with competent patients, irrespective of our view of their potential quality of life, if we wish to comply with their wishes. We do not say that this is easy or even practical at the moment in the UK but if it became routine to ascertain the patients' view on DNR decisions on admission a lot of the sensitivity around discussion would disappear. This could be done initially by routinely informing patients of the hospitals' 'opt out' or 'opt in' cardiopulmonary resuscitation policy in hospital literature, although one suspects that many will not read this.

CHRISTOPHER J TURNBULL
GILLIAN E MEAD
*Arrowe Park Hospital, Upton, Wirral,
Merseyside L49 5PE, UK*

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Octreotide therapy for diarrhoea

Sir,

Intractable diarrhoea complicates systemic amyloidosis in a significant number of patients.¹ The aetiology is thought to be either autonomic neuropathy² or direct infiltration by amyloid of gastrointestinal submucosa. Therapeutic management is frequently unsatisfactory due to resistance to conventional 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 unremitting 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 biopsies, 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

Octreotide: clinical indications

- bleeding peptic ulcer
- bleeding oesophageal varices
- gastrointestinal fistula
- pancreatic fistula
- acute pancreatitis
- short bowel syndrome
- ileostomy diarrhoea
- diabetic diarrhoea
- chronic secretory diarrhoea (idiopathic, HIV)
- secretory tumours: pituitary adenomas, gastrointomas, insulinomas, vipomas, carcinoid syndrome

Octreotide: modes of action

- reduces splanchnic, portal and mucosal blood flow
- inhibits endocrine and exocrine secretions from somatostatin-containing cells in pancreas, stomach and intestine
- stimulates water and electrolyte absorption from gastrointestinal tract
- inhibits gallbladder motility and secretion
- slows gastric emptying and reduces peristalsis in gastrointestinal tract
- inhibits hypothalamic–pituitary hormonal release
- inhibits gastrointestinal tract tumour

with subsequent recurrence of diarrhoea, but re-challenge with the drug again achieved immediate symptomatic control.

This case represents the third reported where octreotide re-challenge resulted in immediate complete symptomatic resolution in a patient with hypersecretory diarrhoea due to amyloidosis. Successful antidiarrhoeal action has also been described with octreotide in patients with familial amyloidotic polyneuropathy.⁵ Hypersecretory diarrhoea in amyloidosis is an unlicensed indication for octreotide use, but further similar reports may strengthen the case for more generalised use of this agent in a distressing condition affecting predominantly elderly patients.

IA GILANDERS
JD FULTON
VE SAVE
*Stracathro Hospital, Brechin, Angus DD9
7QA, UK*

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