PostScript

LETTERS

von Hippel-Lindau disease complicated by pheochromocytoma

We read with interest the excellent case report of von Hippel-Lindau disease complicated by pheochromocytoma.[1] However, the authors proceeded directly to imaging and radionuclide scintiscan with ^{131}I- metaiodobenzylguanidine or preoperative localisation of pheochromocytoma, without biochemical confirmation of the diagnosis. The diagnosis of pheochromocytoma is established by demonstrating increased concentrations of catecholamines or catecholamine metabolites, typically in urine but also sometimes in plasma samples. The most reliable tests are measurements of free catecholamines, metanephrines, or vanillylmandelic acid in a 24 hour urine specimen. The last measurement is less sensitive than the other two. Diagnostic accuracy is improved by measuring at least two of the three substances.[2] Plasma catecholamine measurements have a sensitivity of more than 90% and a specificity of 95% for the diagnosis of pheochromocytoma.[3] However, plasma normetanephrine and metanephrine estimation has been found to be a more sensitive (97% sensitivity) and specific (96% specificity) test for detection of phaeochromocytoma in von Hippel-Lindau disease and multiple endocrine neoplasia type 2 compared with plasma concentrations of catecholamines (norepinephrine and epinephrine), urinary excretion of norepinephrine, epinephrine, metanephrines (normetanephrine and metanephrine combined), and vanillylmandelic acid.[4 5] The biochemical diagnosis is also relevant for follow up for recurrence of pheochromocytoma on the same or the other side, particularly in von Hippel-Lindau disease, where multifocal disease is more common than in non-familial cases.[6]

A S Kashyap
Department of Medicine

S Kashyap
Department of Hospital Administration,
Armed Forces Medical College,
Pune 411 040; India; skashyap@pn2.vsnl.net.in

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Troponin T elevation in lobar lung disease

Troponin T blood concentrations are raised, not only in lobar pneumonia,[1] but also in submassive pulmonary embolism.[2] I hypothesise that this phenomenon is mediated by endothelial damage in the pulmonary vasculature, which has an abundance of angiotensin converting enzyme (ACE).[3] Derangements in the renin/angiotensin/aldosterone system (RAAS), in which ACE plays a pivotal part, may, in turn, affect troponin blood concentrations, given the interdependence between the RAAS and troponin release.[4] The latter was exemplified by a study documenting the inhibition of troponin release as a result of ACE blockade in patients with acute coronary syndromes characterised by non-ST segment elevation.[4]

O M P Jolobe
Department of Adult Medicine,
Tameside General Hospital, Fountain Street,
Ashton under Lyne OL6 9RW, UK

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Testing factual medical knowledge is inappropriate

I read with interest the article by Lewis *et al* about the effects of sleep deprivation on on-call medical staff.[1] Besides the admitted weakness of difficulty in coming up with a suitable design comparing the performance between normal and sleep deprived states, the study is contentious in at least two other aspects. Firstly, the usage of factual medical knowledge is inappropriate as a tool for the assessment of clinical performance because the delivery of clinical care involves not only correlation of complex clinical, laboratory, and radiological clues but also crucial decision making as well as interaction with patients and colleagues. Secondly, even after accepting that the factual knowledge is the most important element in clinical performance, testing one's knowledge in the multiple choice format for this purpose is questionable because at the bedside we do not have choices to choose from.

R Sivakumar
Department of Care of Elderly,
4 Ashton Close, Lister Hospital,
Stevenage SG1 4AB, UK; sivasiva51@hotmail.com

Reference

1 **Lewis KE**, Blagrove M, Ebden P. Sleep deprivation and junior doctors' performance and confidence. *Postgrad Med J* 2002;**78**:85–7.

Authors' reply

Thank you for asking us to comment on our study. We have chosen what is a simple model of assessment of medical knowledge, which is used both in medical student finals and the membership examination and hence has a long history of acceptability as an assessment tool. We fully accept that it is in no way an assessment of widespread clinical performance and indeed clinical care does involve summation of a number of issues before a clinical diagnosis can be reached. However, it is not possible to test such a complex model.

Again I would agree that the knowledge base could be considered to have a questionable purpose at the bedside but unless one has a firm knowledge base it is not possible to make any decisions.

I think the criticisms which have been raised are not specific of our study but are general criticisms of the validity of assessment of doctors.

Hyperemesis gravidarum

The contribution by Kuşcu and Koyuncu on hyperemesis gravidarum discusses various treatment options for this condition.[1] However, it totally neglects acupuncture/acupressure for which good evidence is available. A recent systematic review included seven randomised clinical trials with a total of 686 women suffering from morning sickness.[2] Six of these trials indicted a positive effect of acupuncture. The obvious concern of women suffering from hyperemesis gravidarum is that drugs may harm their baby. Acupuncture is a relatively safe procedure[3 4] and its potential for this indication should not be completely ignored.

E Ernst
Department of Complementary Medicine,
School of Sport and Health Sciences,
University of Exeter, 25 Victoria Park Road,
Exeter EX2 4NT, UK; E.Ernst@ex.ac.uk

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Authors' reply

Dr Ernst points out the efficacy of acupuncture on relieving the symptoms of hyperemesis gravidarum. Acupuncture may be defined as a safe, alternative therapy, but we do not accept it as a medical treatment. When we wrote our review, we tried to focus on common problems seen in hyperemesis, and

current pharmacological management. We tried to summarise what an obstetrician could face, and what he/she could do to solve the problem. We regard acupuncture as an alternative method, which cannot be performed by obstetricians, and so it was beyond the scope of our article.

BOOK REVIEWS

The reviewers have been asked to rate these books in terms of four items: readability, how up to date they are, accuracy and reliability, and value for money, using simple four point scales. From their opinions we have derived an overall "star" rating: * = poor, ** = reasonable, *** = good, **** = excellent.

Law and Ethics for Clinicians.

Edited by Jacqulyn Kay Hall. (Pp 391; $34.95 + $5.00 shipping.) Jackhall Books, 2001. (Contact Jackhall Books, 18 Nottingham Road, Amarillo, TX 79124, USA; werner@ama.ttuhsc.edu.) ISBN 1-888856-00-9.***

If, on first picking up this tome, the overwhelming feeling is of an American book, written by a US author for a transatlantic audience, then you will not be disappointed. Both the layout and writing style attest to this and as such it may not appeal to the non-American reader. To compound this for said reader, all the legal content pertains to US statute and precedent and will be of little interest except to those who wish to study comparative law. Furthermore the book commits, what I consider to be the cardinal sin, of mixing law and ethics together as if they are interchangeable commodities.

However there is value to this book. If you are interested in ethics and wish a well written introduction to the subject, then this is a helpful guide through the moral maze. It introduces the reader to the main schools of moral philosophy and uses everyday analogies to illustrate doctrines. Furthermore, through the use of rhetorical questions it forces the reader to question everyday assumptions and values.

Would I recommend this book to the budding medical lawyer? No. Would I recommend this book to the budding ethicist? Definitely.

J Stewart
Consultant Physician, University Hospitals of Leicester NHS Trust, Leicester, UK

800 Individual Statement Questions for MRCPsych Part 1.

By M Mathews. (Pp 200; £14.95.) Royal Society of Medicine, 2001. ISBN 1-85315-505-5.****

This book does exactly what it says on the cover. It contains 800 individual statement questions in the new examination format of MRCPsych Part 1. The questions are arranged into four self assessment papers of 200 questions each and are presented in exactly the same format as the real examination. Answers are presented as well as associated explanations.

I trialled this book myself (having taken Part 1 in 2000 in the old format) and also enlisted a current Part 1 candidate who answered all 800 questions the day before the actual examination (which she passed). In terms of difficulty I felt some of these were a little too easy but my experimenter felt they were pitched at about the right level—comparable with the actual examination.

With regard to accuracy I found only one definite error, whereas my experimenter disputed a number of answers, but we feel this was certainly no more and probably less than in comparable examination papers.

With regard to the breakdown of subjects this appeared balanced and the author states that efforts were made to reflect that of the actual examination.

My only criticism of this book is the lack of an introductory section providing guidance on examination technique.

Overall, this book contained well researched, carefully designed, and unambiguous questions which will, I am sure, prove an extremely useful revision aid for Part 1 candidates.

G Rathbone
Consultant Physician, Leicester, UK

Statistics at Square One. 10th edition.

By T D V Swinscow and M J Campbell. (Pp 158; £10.95.) BMJ Books, 2002. ISBN 0-7279-1552-5.***

This very helpful little book introduces health professionals and students to the basic statistical concepts and methods most frequently encountered in the research literature, from simple descriptive measures and graphs through to survival analysis. While computational details are provided which enable readers to familiarise themselves with the methods using an electronic calculator, the 10th edition is designed to reflect the shift to the nearly universal use of computer software for all but the simplest calculations. Accordingly, readers are directed to standard statistical software, including the BMJ's own package CIA (Confidence Interval Analysis), and electronic resources available from the web. This poses a dilemma: accessing commercial software will involve substantial additional outlay unless it is already available in one's workplace, whereas web addresses are liable to alter or disappear with the passage of time. I say this not as a criticism of this book, the same would apply to any textbook that encourages use of software—the fact must be faced that obtaining a good introductory text now only partially meets the user's needs. Some reliable statistical analysis resources are now available free of charge on the web but the process of organising such resources is still at an early stage.

My only criticism relates to a table indicating what statistical test should be used with particular kinds of data, which confusingly fails to distinguish binary variables from nominal ones. Having said that, readers will find a great deal of valuable material here.

R G Newcombe
Department of Medical Statistics, University of Wales College of Medicine, Cardiff, UK