

by Lipson and Stephenson,⁶ where the effusion was confined to the pericardium, all patients with pericardial effusions had simultaneous pleural effusions.

Although pericardial tamponade is rare it should be considered as an explanation of otherwise unexplained deterioration in a patient with acute pancreatitis.

References

- 1 Trapnell JE. Pancreatitis. *Br J Hosp Med* 1974; **12**:193.
- 2 Hammarsten AF, Honska W, Limes BF.

Correspondence

Mycoplasma pneumonia with fulminant evolution into diffuse interstitial fibrosis

Sir,—We have read with interest the report¹ in which *Mycoplasma pneumonia* with fulminant evolution into diffuse interstitial fibrosis is considered to be the first well-documented case. In 1977, Mantz and co-workers² published two well-documented cases of *Mycoplasma pneumonia* which developed into diffuse, interstitial pulmonary fibrosis within two to five weeks and, in February 1980, we reported the case of a healthy young woman who developed diffuse interstitial fibrosing pneumonia followed by refractory hypoxaemia.³ In this case, the diagnosis of *Mycoplasma pneumonia* was at first suspected from an elevated titre in the standard complement fixation test and then confirmed in the immunofluorescence study by the presence of granular deposits (*Mycoplasma*) in the macrophages of lung tissue. Our report appears to be the first one where the diagnosis has been confirmed with another method differing from the complement fixation test.

GUIDO DOMENIGHETTI, CLAUDE PERRET
Department of Medicine, CHUV
1011 Lausanne, Switzerland

References

- 1 Kaufmann JM, Cuvelier CA, Van der Straeten M. *Mycoplasma pneumonia* with fulminant evolution into diffuse interstitial fibrosis. *Thorax* 1980; **35**:140–4.
- 2 Mantz JM, Porte A, Stoekel ME, Batzenschlager A, Tempe JD, Jaeger A. Grippes malignes et pneumopathies à mycoplasma pneumoniae avec évolution fibrogène. *Rev Fr Mal Respir* 1977; **5**:553–64.
- 3 Reigner Ph, Domenighetti G, Feihl F, Bonjour J-Ph, Perret Cl. Syndrome de détresse respiratoire aigu sur infection à mycoplasme. *Schweiz Med Wschr* 1980; **110**:220–3.

- Pleural fluid amylase in pancreatitis and other disease. *Am Rev Tuberc* 1959; **79**:606.
- 3 Goldman M, Goldman G, Fleischer FG. Pleural fluid amylase in acute pancreatitis. *N Engl J Med* 1962; **266**:715.
- 4 Auger C. Acinous cell carcinoma of pancreas with extensive fat necrosis. *Arch Pathol* 1947; **43**:400.
- 5 Mitchell CE. Relapsing pancreatitis with recurrent pericardial and pleural effusions. *Ann Intern Med* 1964; **60**:1047.
- 6 Lipson JD, Stephenson HE. Pancreatitis complicated by pericardial effusion and cardiac tamponade. *Arch Surg* 1971; **103**:414.
- 7 Perry TT. Role of lymphatic vessels in transmission of lipase in disseminated pancreatic necrosis. *Arch Pathol* 1947; **43**:456.

Bone-scanning in hypertrophic osteoarthropathy

SIR,—The recent report by CR Horn¹ of a case of symptomatic hypertrophic osteoarthropathy (HOA) without radiological changes in the long bones is a welcome reminder of this phenomenon.

I was surprised to see no mention of a radionuclide bone-scan result as this investigation is a more sensitive indication of the presence of HOA than radiography.² Occasionally the characteristic changes of HOA are found despite normal radiographic findings.^{2,3} These changes might well have been detected in this case. This investigation has also been shown to be of great value in differentiating the symptoms of HOA from those of rheumatoid arthritis (particularly in those cases with joint swelling, morning stiffness, elevated erythrocyte sedimentation rate, and a symptomatic response to anti-inflammatory drugs),^{4,5} or osseous metastases (thereby influencing decisions on surgical intervention).^{3,4} Involvement of "other" bones such as the mandible, maxillae, scapulae, patellae, ilii, and ribs in this unusual disorder has also been detected by this method.²

BWS ROBINSON
Department of Respiratory Medicine
Sir Charles Gairdner Hospital
Queen Elizabeth II Medical Centre
Nedlands 6009
Western Australia

References

- 1 Horn CR. Hypertrophic osteoarthropathy without radiographic evidence of new bone formation. *Thorax* 1980; **35**:479.
- 2 Rosenthal L, Kirsh J. Observations on radionuclide imaging in hypertrophic pulmonary osteoarthropathy. *Radiol* 1976; **120**:359–62.
- 3 Stokes TC, Ell PJ, Deacon J. Diagnosis of hypertrophic pulmonary osteoarthropathy. *Br Med J* 1977; **2**:1151–2.
- 4 Editorial. Finger clubbing and hypertrophic pulmonary osteoarthropathy. *Br Med J* 1977; **2**:785.
- 5 Hammarsten JF, O'Leary J. The features and significance of hypertrophic osteoarthropathy. *Arch Intern Med* 1957; **99**:431–41.