References

Johnson replies:
The point of our article Local Autonomic Failure in a Limb was to draw attention to isolated local autonomic failure causing sweating loss and change of temperature in the affected limb. In company with the authors of two other reports of similar patients, 1, 2 we were unable to give an explanation for the disorder other than that it appeared to be due to a discrete lesion in the spinal cord without any clear evidence that this was related to syringomyelia. In that we did not provide an explanation for the problem, the possibility of subsequent development of a Holmes-Adie pupil, as suggested by Dr Duncan, cannot be discounted.

However, Holmes-Adie syndrome consists of a tonic pupil in association with absent stretch reflexes but this association is not absolute. This is discussed in a review of the clinical features which also considers the occurrence of the autonomic abnormalities which are occasionally found. 3 On clinical examination our patients neither had absent stretch reflexes nor a tonic pupil and little can be made of a possible autonomic similarity with the Holmes-Adie syndrome, for although autonomic disorders seem to occur more commonly than would be expected by chance, the lesions may not only be post-ganglionic but in some patients afferent rather than efferent. 4 Our patients therefore have no similarity with the Holmes-Adie syndrome at present in their clinical findings related to pupils, reflexes or to autonomic dysfunction.

It must further be questioned whether development in the future of only one feature of the Syndrome, that of tonic pupils, would really assist in understanding the disorder we have described. The Holmes-Adie syndrome is purely a clinical description of associations rather than an aetiological explanation.

References

Local autonomic failure affecting one limb

Sir: The cases of autonomic failure affecting one limb described by Drs Johnson and Robinson 1 are of particular interest because all the cases affected by failure of sweating in the left arm. In the third case there was associated normal vasomotor function in the affected limb implying single modality autonomic failure.

Recently a 54 year old woman was referred with a mixed history of hyperhidrosis of the right arm and face and pain in both arms but worse on the left side. These symptoms had started 4 years previously after a "whiplash" injury in a road traffic accident. The hyperhidrosis was aggravated by stress and was such that she misted her right spectacle lens. On examination there was in fact anhidrosis of the left arm and side of face. There was no Horner’s syndrome on either side. Thermographic examination using liquid crystal contact thermography showed vasomotor function in the right arm and normal vasomotor response to the proximal application of ice on the left side. There were no other abnormalities. In this case there was single function (sudomotor) failure again on the left side. This must raise the query why is the left arm involved in this loss in four cases? In addition single function (vasomotor) failure was present on the contralateral side to produce a picture of bilateral but discrete and different autonomic failure.

P A J HARDY
Pain Relief Foundation, Rice Lane, Liverpool L9 1AE, UK

References

Schistosoma in the spinal cord

Sir: We are at present undertaking a longitudinal study examining the clinical, serological and radiological findings of schistosomiasis of the nervous system and therefore read, with interest, the letter of Kerr et al. 1 Over a period of 19 months we have collected 14 patients with cord and/or root involvement. Two of these cases have already been published 2 while details of the others will be submitted for publication shortly. Of these, six had expansion of the conus and irregularity and matting of roots. One further patient showed root involvement alone. Two of these seven patients were subjected to laminectomy but the rest were treated on the basis of clinical findings, CSF changes and systemic evidence of schistosomal infection. These patients showed remarkable clinical improvement. Serial CT myelograms showed reduction in the size of the conus.

We therefore support the suggestion that patients with the appropriate clinical and investigative profile be given a therapeutic trial of praziquantel before being considered for laminectomy.

P A J HARDY
Pain Relief Foundation, Rice Lane, Liverpool L9 1AE, UK

References

Aggravation of Parkinson’s disease by cinnarizine

Sir: Marti Masso et al. 1 described an exacerbation of Parkinsonian symptoms after cinnarizine intake. Recently reported movement disorders include Parkinsonism, induced by cinnarizine and flunarizine. 2 Both have similar chemical structures and pharmacological profiles.

References
1 Johnson RH, Robinson BJ. Local autonomic failure affecting one limb. J Neurol Neurosurg Psychiatry 1987;50:738–42.