An unusual palmoplantar pigmentation

G Sethuraman, M D’Souza, M Vijaikumar, K Karthikeyan, K Ramachandra Rao, D M Thappa

An unusual cause of tremor in an elderly man

S A W Fadilah, A A Raymond, S K Cheong
blood did not reveal leucoerythroblastosis. The erythrocyte sedimentation rate was 102 mm in the first hour. Bone profile was recorded as calcium 2.9 mmol/l (normal range 2.2–2.6), phosphorus 1.2 mmol/l (0.8–1.4), and alkaline phosphatase 678 IU/l (40–120). The thyroid, renal, and liver profiles were within normal limits. The radiograph of the lumbar spine is shown in fig 1. Chest radiography and contrasted computed tomography of the brain did not reveal any abnormality. An aspirate of the bone marrow is shown in fig 2.

Questions
(1) What is the probable diagnosis?
(2) What other investigations should be done to confirm the diagnosis?
(3) What are the possible causes of the tremor in this patient?

A 35 year man with acromegaly and neck stiffness

A S Kashyap, S Kashyap

A 35 year old man was referred for acromegaly by primary physicians. He complained of mild diffuse headache and easy fatiguability. Clinically he had somatic features of acromegaly and his visual acuity was reduced (6/30: left eye, 6/36 right eye) with a bitemporal superior quadrantanopia. Fundi were normal. He was normotensive and the rest of the clinical examination was normal. His basal hormone concentrations were: growth hormone (random) >25 mU/l (reference range <10), insulin like growth factor-1 level 210 nmol/l (14–45), serum alpha subunit not raised (<0.3 IU/l), prolactin 450 mU/l (60–390), luteinising hormone 8.0 U/l (2.5–9.0), follicle stimulating hormone 7.5 U/l (1.5–9.0), thyroid stimulating hormone 2.5 mU/l (0.5–4.5), free thyroxine 18 pmol/l (10–27), serum cortisol 8 am (basal) 500 nmol/l (160–565), and testosterone 20 nmol/l (10–30). Cranial contrast enhanced computed tomography demonstrated an enhancing sellar mass with suprasellar extension (fig 1). The patient was advised to have surgery and in the interim period was put on octreotide 100 µg subcutaneously eight times a day.

Figure 1  Radiograph of the lumbar spine showing sclerotic lesions of the lower lumbar vertebrae.

Figure 2  Aspirate of the bone marrow showing a clump of neoplastic cells infiltrating the marrow (May-Grunwald-Giemsa × 400).

Answers on p 279.