pseudohypoparathyroidism are similar in appearance to patients with pseudohypoparathyroidism, but have a normal serum calcium level. The patient with trichorhinopharyngeal syndrome has peripheral dysostosis and short scanty hair; thin nails and a pear-shaped nose. Radiographs of the hands and feet are of diagnostic value in classifying the brachydactyly syndromes and are helpful in the generalized group.

In conclusion, a detailed family history, careful physical examination and radiographs of the hands and feet were used to diagnose the condition of brachydactyly type E in this family. Rational genetic counselling was then given.

We wish to thank Mr R. Kushlick, orthopaedic surgeon, and Dr S. Levin of Benoni for referring the index patient.

REFERENCES

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**Pasteurella multocida Septicaemia Complicating Felty’s Syndrome**

**A Case Report**

M. A. K. OMAR, B. DAYAL, P. C. APPELBAUM

**SUMMARY**

A patient with Felty’s syndrome complicated by septicaemia due to *Pasteurella multocida* is presented. Disease caused by this organism is unusual in humans and its occurrence in the absence of trauma, as was the case in our patient, even more so.


*Pasteurella multocida* (septica) is primarily a pathogen of animals. It may be found as a commensal in the mouths of a variety of wild and domestic animals, ranging from mice to lions. This organism occasionally causes disease in man, as is illustrated by the following case report.

**CASE REPORT**

A 60-year-old Black woman presented with fever, generalized weakness, and pain and swelling of the left knee joint. She had suffered from joint pains for more than 10 years. Although she had been seen at King Edward VIII Hospital when her joint pains started, she defaulted and was lost to follow-up. She came from a rural area where she came into contact with dogs, cats, rodents, goats and cattle.

On examination, she was found to be emaciated and pyrexial, with cervical adenopathy. There was evidence of severe rheumatoid arthritis involving the hands, elbows, knees and feet (Fig. 1). She had bursitis over the right olecranon region and an inflamed left knee joint. Radiological examination showed evidence of arthritis mutilans involving both elbow joints, with typical features of rheumatoid arthritis in the hands, feet and knees. A provisional diagnosis of Felty’s syndrome was made.

Laboratory investigations yielded the following: haemoglobin 6.4 g/dl with a normochromic, normocytic blood picture; white cell count 2 600/μl (64% neutrophils); and platelet count 73 000/μl. Tests for rheumatoid factor and antinuclear factor were positive, the former in a titre of 1/1 280. LE cells were not seen. Protein electrophoresis showed a low albumin (18 g/l) and an elevated gamma-globulin level (32 g/l). There was no albuminuria. Aspiration of the left knee joint on admission revealed pus. Initial treatment before results of blood and joint aspirate culture were known was with ampicillin (1 g 6-hourly intravenously) and cloxacillin (1 g 6-hourly intravenously). Blood culture yielded *P. multocida*, but culture of the joint aspirate was sterile.

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Since the organism was sensitive to ampicillin and cloxacillin, treatment was continued with these antibiotics. The patient began to feel better, the fever and knee inflammation subsiding within a few days. In addition to...
antibiotic therapy, which was given for 3 weeks, the patient was given indomethacin for her rheumatoid arthritis. However, there was little improvement in her severe disability from advanced rheumatoid arthritis.

Fig. 1. The hands, showing boutonnière deformity affecting the fingers on the right and the left little finger, and swan-neck deformity affecting the right index, middle and ring fingers.

DISCUSSION

Infection by *P. multocida* in man may result in one of three clinical patterns: (i) localized disease with adenitis — the most common form — often follows a bite by a cat or other animal; (ii) chronic pulmonary disease, in which the bacterium may be a primary pathogen or occur in association with other organisms; (iii) systemic disease with bacteraemia — the rarest variety of the disease.

The patient described presented with the systemic form of the disease. Although she came into contact with animals, she did not give any history of trauma or of being bitten by an animal, both these being the route of entry in about 60% of all the cases reviewed up to 1952. In the remainder of the cases reviewed, the mode of transmission was obscure, as in our patient. Human infections due to *P. multocida* that are not due to animal bites most often involve the respiratory tract, abdomen and the central nervous system, while the skin, blood, eyes and muscles may also be affected. The patient under discussion had septicaemia and probably purulent arthritis from this organism. *P. multocida* infections occurring in association with rheumatoid arthritis have been reported in a few patients. However, except in 1 patient, in whom the wrist joint was involved, these occurred in relation to a prosthesis in a knee joint.

Although *P. multocida* could not be isolated from the knee joint aspirate in our patient, it is likely that this organism was responsible for the pyo-arthrosis found in that joint.

Susceptibility to infection is a recognized feature of rheumatoid arthritis together with neutropenia (Felty's syndrome), and in our patient this appears to have increased her vulnerability to this unusual infection.

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NUUS EN KOMMENTAAR

IODIDE AND PROPRANOLOL IN PREPARATION FOR THYROID SURGERY

Iodide, which acts by inhibiting the synthesis and release of thyroid hormones, has long been used to prepare patients with Graves' disease for surgery, but all patients do not respond satisfactorily and in some cases the iodide makes the thyrotoxicosis worse. Hence, in recent years there has been a switch to the use of a β-blocker, propranolol, as the sole drug in preparation for surgical treatment of hyperthyroidism. This has ensured a shorter preparation time and less operative blood loss. However, using propranolol alone requires a high standard of supervision to ensure that no patient undergoes surgery until the resting pulse rate has dropped to less than 90/min and that in no case the important pre-operative dose of propranolol on the morning of operation is omitted.

It would seem from a report by Feek et al. (New Engl. J. Med., 1980, 302, 883) that a combination of proprano-