and normal coagulation indices, pleural bleeding continued throughout N O therapy for 5 days requiring repeated red blood cell transfusions.

Our second patient was a 59-year-old woman with acute myeloid leukaemia (M 4 ) who was treated according to EORTC-DCE-DIA (daunorubicin, cytarabine, etoposide-daunorubicin, intermediate cytarabine). During the first cycle of treatment she developed bilateral pneumonia from pseudomonas which progressed to sepsis and ARDS. Because of deteriorating oxygenation (P O 2 11 cm H 2 O, P a O 2 36 cm H 2 O, frequency 31 per min, P O 2 /F I O 2 71.9) treatment with inhalational N O 15 ppm was initiated, which again led to much improvement (P O 2 /F I O 2 122.5, P a O 2 33 cm H 2 O) and reduction of mean pulmonary artery pressure from 38 to 32 mm Hg. Platelets were kept above 20 000×10 12/L by substitution. Coagulation tests were within normal range. 26 hours after initiation of N O treatment the patient presented with dilated pupils and absent light response and died 2 days later. Necropsy revealed intracranial bleeding.

Work in animals has indicated enhanced risk of bleeding by N O; 1 but there have been no such reports in man. Bleeding from chest tubes, though rare, 2 does occur, and the bleeding in our patient 1 continued throughout N O application. The risk of cerebral bleeding in patients with leukaemia is very low provided that platelet counts are higher than 20 000×10 12/L and coagulation tests are normal, but it probably increases with high ventilation pressures. However, intracerebral bleeding in our patient 2 occurred despite reduction of ventilation pressures during inhalational N O therapy.

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Figure: Extent of HS
tomography (CT) scans showed solid hypodense tissue between the intergluteal fold and rectal area, extending to the last sacral vertebrae. The nodule was drained and histological examination of the pus revealed colonies of Staphylococcus aureus and Streptococcus millieri, as well as fragments of poorly differentiated squamous-cell cancer. He was treated by radical excision with primary closure. There were metastases in inguinal lymph nodes, and CT scan showed liver metastases. The patient died 7 months after diagnosis.

Although remission of HS is common after drainage of the swellings, the risk of cancer suggests radical surgery instead of prolonged antibiotic treatment. The role of chronic infection, ulceration, scars and immunological deficiency in the development of squamous-cell cancer is obscure. 3 Jackman reported an incidence of 3.2% in 125 cases of perianal HS lasting 20–30 years, with only 4 cases of cancer. 3 The development of a squamous-cell carcinoma probably depends on reduced immune surveillance or impaired regulation of monocyte and B-cell functions complicated by excessive bacterial infections. 3

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Squamous-cell cancer in Verneuil’s disease (hidradenitis suppurativa)

*Sir—The aetiology of hidradenitis suppurativa (HS), also known as Verneuil’s disease, is unknown. This disease affects areas of the body rich in apocrine sweat glands, mainly axillary, inguinal, genital, perianal, and perineal regions. It is characterised by one or more slightly painful purplish partly fixed subcutaneous nodules accompanied by fever. Sex incidence of the disease is equal although there are differences in site. In the perianal region and perineum, HS is ten times more common in men, while at any other site it is more common in women. 4 Risk factors for the disease include being white, 25–45 years, obesity, and pruritus to acute. The most feared, albeit rare, complication of HS in the perineal region 5 is squamous-cell cancer.

A 66-year-old man presented 1 year ago with a painful swelling in the perineal area (figure). The swelling was partly fixed in the deep layers and was accompanied by intermittent fever. Over the previous 20 years he had been affected by episodes of HS that resolved spontaneously with drainage and long-term antibiotics. Laboratory tests showed fraction C3 and C4 complement deficiency and inverted CD4+/CD8+ ratio, probably due to prolonged bacterial infection. Tests for HIV-1, cytomegalovirus, and Epstein-Barr virus were negative. Abdominal and pelvic computed


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