

# SCLEROSING PERITONITIS DUE TO PRACTOLOL SIMULATING AN OVARIAN TUMOUR

by

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A 68 YEAR OLD married woman was admitted to the Ulster Hospital, Belfast in October 1975 with a one month history of generalized crampy abdominal pain, abdominal swelling and increasing constipation. She had a myocardial infarction in 1969 and a hemiplegia in 1972 and had recovered well from each. She had been on treatment with practolol for three years for hypertension. In 1974 she attended an eye department because her eyes had "dried up" and kerato-conjunctivitis sicca was diagnosed. There was epithelial damage to both cornea with a deep central ulcer in the left cornea and visual acuity was reduced to less than 50 per cent in each eye. Practolol was thought to be responsible and was stopped. Her eyes improved with local treatment but tear secretion in the left eye remained very reduced.

On examination she was a frail elderly patient wearing unusual spectacles with plastic sidepieces. There was a mass arising out of the pelvis and reaching to the umbilicus which was provisionally diagnosed as an ovarian tumour.

Her poor general condition due to generalized vascular disease made surgery hazardous, and as she improved in hospital she was allowed home after two weeks. One month later she was readmitted with a one week history of vomiting and crampy abdominal pain. The abdominal swelling was unchanged. Despite her poor general condition laparotomy was performed under an epidural anaesthesia. The abdominal tumour was found to be dilated loops of small bowel matted together by peritoneal adhesions. There was no ovarian tumour and the pelvic organs were normal. The extensive adhesions were laboriously divided to release the loops of small bowel following which the patient made a slow but steady recovery and was discharged three weeks after operation. Four months post-operatively she remains well.

## DISCUSSION

There are several reports of sclerosing peritonitis arising after the use of practolol (Brown et al, 1974, Windsor, Kurrein and Dyer, 1975, Trudinger and Fitchett 1976). This patient is of particular interest as she presented in a gynaecological department and we feel that the condition must now be considered as a differential diagnosis of an abdominal swelling in all patients who have received practolol. It also illustrates the importance of carrying out a laparotomy in order to establish a diagnosis in all suspect cases of ovarian tumour, no matter how hopeless the situation seems.

This example of the "Practolol induced syndrome" demonstrates two of its main manifestations.

1. Effects on the eyes—If ocular changes occur there is a progressive dryness which may eventually lead to inflammation. Filamentary or punctate keratitis may then develop and may progress to corneal ulceration and impairment or loss of vision. Secondary conjunctivitis may lead to scarring, especially in the fornices (which become less deep) and may eventually progress to symblepharon or even entropion. These more severe eye changes have only been reported when the syndrome was initially unrecognised and ingestion of practolol continued.

2. Effects on the peritoneum—Recently cases have been reported of a sclerosing peritonitis which presents with the signs and symptoms of abdominal pain, sub-acute small bowel obstruction or an apparent abdominal mass but with no tumour found at laparotomy. Some of the case reports have referred to dry eyes and skin lesions apparently preceding the abdominal symptoms, but in the absence of such detail in other reports, one cannot assume that this is always the sequence of events.

This patient had been on practolol for three years which had been discontinued when its association with her eye symptoms was recognised. Eighteen months after this she presented with the peritoneal side effects of this therapy. As she had had no previous abdominal surgery and as there was no evidence of tuberculous peritonitis or of a neoplasm it is unlikely that the findings could be explained on any other basis. This patient's only other long term medication was Lanoxin (Wellcome) and such a complication with this drug has not been described. At present it is recommended that practolol should only be used to control cardiac arrhythmias in the immediate post-infarction period. Further investigation of its side effects is being actively undertaken by the manufacturers, but how practolol acts to cause the peritonitis is at present unknown.

#### SUMMARY

The administration of practolol for three years produced a sclerosing peritonitis which simulated an ovarian tumour presenting eighteen months after therapy had been stopped.

#### REFERENCES

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