behavioural techniques (tracking, aversive response substitution and relaxation training). Other treatments seem to concentrate on the use of intra-oral appliances.

I found no mention in the literature of lip-biting during sleep, but it appears that the use of a star-chart in this circumstance may lead to a prompt and effective response.

M. P. J. ELLIS

Department of Child Psychiatry
St James's University Hospital
Leeds

References

GILMOUR, A. G., CRAVEN, C. M. & CHUSTECKI, A. M. (1984) Self-mutilation under combined interior dental block and solvent intoxication? *British Dental Journal*, **156**, 438–439.

LABANC, J. & EPKER, B. N. (1981) Lesch-Nyhan syndrome: surgical treatment in a case with lip-chewing. *Journal of Maxillo-Facial Surgery*, **9**, 64–67.

LYON, L. S. (1983) A behavioural treatment of compulsive lip-biting. *Journal of Behavioural, Therapeutic and Experimental Psychiatry*, **14**, 275–276.

TURLEY, P. K. & HENSON, J. L. (1983) Self-injurious lip-biting, etiology and management. *The Journal of Pedodontics*, **7**, 209–220.

Lithium-Induced Reaction

SIR: I wish to report a patient who has recently suffered a rare combination of side-effects with lithium carbonate—hair loss and severe acneiform lesions during a three month course of this drug. Although both of these side-effects have been reported very infrequently the combined effects in such a short space of time have not been documented.

Lithium is an alkali metal which is known to accumulate in hair (Kusumi, 1971), and hair loss of varying degrees can occur in the absence of pathology with normal lithium levels (Mortimer, 1984; Muniz, 1982). Often the hair loss subsides despite continuation of the drug. Other cases have reached alopecia totalis, the drug being then discontinued; in all cases the hair re-grew back to normal. The same response can be observed with regard to acneiform eruptions, which can occur in varying degrees, all skin reactions clearing up either with drug continuation or cessation (Okrasinski, 1977; Vacflor, 1970). The above phenomena occur predominantly in females.

Case report: The patient was a 47 year old woman who had suffered from chronic manic-depressive illness for over twenty years. Her physical health was good, although she had undergone a hysterectomy for severe endometriosis five years previously. She also suffered from mild acne in her teenage years. She had never taken lithium prior to this course.

In early November 1985 she was started on lithium carbonate (250 mg t.d.s.). Physical examination, including thyroid and renal function tests, were normal. Within two weeks lithium was increased to 250 mg q.i.d., and kept at this dose as her serum lithium levels were within acceptable limits (0.7–0.9 mEq/L). Her mental state improved considerably over the next month—so much so that she was discharged from hospital following a nine-month admission. On the sixth week after commencement, she complained of sudden generalised hair loss. This was quite severe, but eased by the ninth week. Serum lithium levels remained within normal limits during this time. As the hair loss subsided, the patient noticed small acneiform eruptions over her neck and face. These became painful, enlarged and pusy, and this continued in varying degrees of severity until the thirteenth week—at which time the drug was discontinued. Within two weeks her skin condition had almost completely recovered, but unfortunately her depression had returned and readmission was necessary.

It should be pointed out that over this time the patient opted to remain on lithium despite the hair loss and skin eruptions as her mood disorder had improved considerably. I would be grateful for further comment by any colleagues who may have encountered similar reactions with this drug.

DENIS P. EUSTACE

Hampstead Private Hospital
Glasnevin
Dublin 9

References

KUSUMI, Y. (1971) A cutaneous side effect of lithium. *Diseases of the Nervous System*, **32**, 853–854.

MORTIMER, P. (1984) Hair loss and lithium. *International Journal of Dermatology*, **23**, 603–604.

MUNIZ, C. (1982) Hair loss in a patient receiving lithium. *Psychosomatics*, **23**, 312–313.

OKRASINSKI, H. (1977). Lithium acne. *Dermatologica*, **156**, 251–253.

VACFLOR, L. (1970). Side effects and teratogenicity of lithium carbonate treatment. *Journal of Clinical Pharmacology*, **10**, 387–389.

Psychiatric Manifestation as an Early Symptom of Behçet's Disease

SIR: Neurological involvement is seen in approximately 25% of patients with Behçet's disease (BD). In general, these complications develop in the late stage of the disease when major physical symptoms such as recurrent oral ulcers, uveitis and skin eruptions have already occurred. Psychiatric symptoms usually occur as incidental findings in about half of

the patients with neurological involvement (Pallis & Fudge, 1956; Shimizu, 1972).

The patient described here developed prominent psychiatric symptoms without neurological abnormalities in an early stage of BD when the diagnosis had not been established. Such a case has not been described in the literature.

Case report: The patient, a 44 year-old Japanese female, was admitted because of sudden onset of general malaise, emotional lability and tactile hallucination ("a thick piece of leather is stuck on my body"). On admission, her responsiveness was good. Physical examination showed no abnormal findings except for oral ulcers. Elevation of ESR and mild leucocytosis were found. She had a two-year history of recurrent oral ulcers and a recent genital ulcer, and had been suffering from family trouble for a few months. It seemed that the family trouble played a part in the psychiatric symptoms. Within a few days of admission, however, delirium with visual hallucination and stereotyped behaviour (e.g. praying, echolalia and increased psychomotor activity) developed, and she was transferred to a psychiatric ward. No neurological signs were found. CSF findings revealed slight lymphocytic pleocytosis (71/mm^3). EEG showed irregular poor alpha activity with mild diffuse slowing. A computerised tomography scan was normal. Although skin puncture test was negative, we suspected BD with CNS involvement, and treated her with prednisolone for about ten weeks (starting with 60 mg/day and decreasing gradually). The drug had a marked beneficial effect on the psychiatric symptoms, and laboratory abnormalities and CSF findings returned to normal. However, she gradually became indifferent to her surroundings and unable to learn new information. Five months after initial hospitalisation she was discharged.

Six months later, she developed skin lesions (furuncle-like pyoderma) on her back. At this time, the diagnosis of BD was confirmed according to the diagnostic criteria of BD in Japan (Behçet's Disease Research Committee of Japan, 1982). Seven months later, she showed mild hemiparesis in the right limbs.

Psychiatric episodes in an early stage of BD may be misdiagnosed and mistreated as psychiatric illnesses such as schizophrenic disorders (Shindo, 1973). When a patient with only a few physical symptoms characteristic of BD develops a mental disorder, the psychiatrist should be aware of the possibility of the disease. Careful evaluation of the patient's history and biological data may give a clue to the diagnosis.

SHIGERU CHIBA
SABURO TAKAHASHI
TSUTOMU MIYAGISHI

Asahikawa Medical College
Asahikawa, Hokkaido, 078
Japan

References

BEHÇET'S DISEASE RESEARCH COMMITTEE OF JAPAN (1982) *A Guidebook for Diagnosis and Treatment of Behçet's Disease*. Japan: Ministry of Welfare.

SHIMIZU, T. (1972) Epidemiological and clinicopathological studies on Neuro-Behçet's syndrome. *Shinkei Kenkyu no Shinpo*, **16**, 167–178.

PALLIS, C. A. & FUDGE, B. J. (1956) The neurological complications of Behçet's syndrome. *Archives of Neurology & Psychiatry*, **75**, 1–14.

SHINDO, R. (1973) Five cases of Behçet's syndrome with schizophrenia-like manifestations. *Seishin Igaku*, **15**, 59–64.

Small Correction

SIR: I read with interest the case of 49XXXYY Chromosome Anomaly (*Journal*, February 1986, **148**, 210–212). His height of 1.7 cm suggests serious competition for Tom Thumb as the world's smallest man. We have all heard of the Cardiff giant, and now this.

ERIC W. FINE

Alcohol and Mental Health Association, Inc.
1200 Walnut Street, Second Floor
Philadelphia, Pennsylvania 19107