Hyperplasia (of the sporadic type) with bilateral adrenal phaeochromocytomas was found, and there was a third phaeochromocytoma arising in paraganglionic tissue anterior to the abdominal aorta. This patient would not have been cured by a unilateral left flank approach. While computerised tomography and MIBG scanning are of major assistance in the planning and performance of operations for phaeochromocytomas, they provide no justification for abandoning the standard surgical approach which should include transabdominal exploration of both adrenal glands and the retroperitoneal locations of extra-adrenal phaeochromocytomas (paragangliomas).

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PROLIFERATIVE RETINOPATHY AND DIABETES MELLITUS

Sir,-We have read with interest the report by Dr Knight and colleagues (March 24, p 681) of an optic nerve infarction and improvement in diabetic control after the continuous subcutaneous infusion of insulin (CSII) in a patient with insulin-dependent diabetes. But, as Dr Kohner points out (May 5, p 1018), this patient's optic nerve infarction occurred when his diabetic control (though improved) was still far from adequate.

We have recently seen a patient in whom rapidly progressive proliferative retinopathy developed within 8 weeks of the institution of tight diabetic control. This 31-year-old woman with insulin-dependent diabetes was admitted to hospital with diabetic ketoacidosis and possible subarachnoid haemorrhage (excluded later by normal CT scan and CSF), having neglected her diabetes for the previous 9 years. She had had intermittent treatment with oral hypoglycaemic agents and insulin during this period, but was essentially symptom-free until an influenza-like illness precipitated ketoacidosis. After fluorescein angiography, laser treatment was started and the macular oedema subsided and her vision stabilised.

The rapid development of proliferative retinopathy within 8 weeks of the institution of tight diabetic control and the absence of a causal relation between tight diabetic control and proliferative retinopathy. In view of the previously reported, though less striking, deterioration of retinopathy after tight diabetic control (though improved) was still far from adequate. This patient's optic nerve infarction occurred when his diabetic control (though improved) was still far from adequate.

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