of the sinuses and neck. A biopsy specimen was not taken from the lymphoedematous skin for fear of producing further lymphatic damage, and of providing a portal of infection.

He has been prescribed continuous low-dose oral penicillin as prophylaxis against further episodes of cellulitis; in addition he has been treated with oral prednisolone up to 30 mg daily and azathioprine 100 mg daily in the hope that improvement of the oral Crohn's disease will reduce the lymphoedema (he has been on sulphasalazine for several years). Although the oral discomfort has improved, the lymphoedema has persisted.

COMMENT

Facial lymphoedema has not previously been reported in Crohn's disease but, in the absence of any other identifiable origin, Crohn's disease seems the likely cause. Lymphoedema is occasionally encountered in the genital area in cases of Crohn's disease where there has been disruption of the lymphatics through scarring and sinus formation, and a case of vulval lymphangiectasia secondary to Crohn's disease of the vulva has been described³. Furthermore Crohn's disease is a well recognized cause of orofacial granulomatosis, in which oedema of the lips is a prominent feature⁴.

Treatment has proved difficult. Since the prescription of continuous low-dose penicillin there have been no further episodes of facial cellulitis. Conventional methods of treating lymphoedema with careful graduated compression bandaging are clearly not practicable in the present case. Supplementary treatment of the underlying Crohn's disease with systemic steroids and azathioprine did not produce any evident improvement. The mechanism of the lymphoedema in this case is uncertain, but presumably it relates to lymphatic obstruction and scarring from the oral Crohn's disease.

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Metastases or mesothelioma?

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In carcinoma of the ampulla of Vater, extrapancreatic spread of disease contraindicates major resection. We report a case in which appearances were deceptive.

CASE HISTORY

A man age 70 was admitted with a week's history of loss of appetite, epigastric pain, pruritus and deepening jaundice. Twelve years previously he had undergone an open cholecystectomy without complication. He was an ex-smoker. An ultrasound scan revealed dilatation of intrahepatic and common bile ducts (16 mm) down to the head of the pancreas

without evidence of a mass lesion or metastatic disease. Endoscopic retrograde cholangiopancreatography confirmed common bile duct dilatation; a biopsy specimen was taken from the ampulla of Vater; a sphincterotomy was performed, and a 12 French stent was inserted. The biopsy showed moderately differentiated adenocarcinoma of the ampulla and a staging computed tomographic scan indicated no evidence of local or metastatic spread.

Curative surgical intervention was planned, but at laparotomy multiple small nodular lesions between 1 mm and 5 mm were noted throughout the peritoneal and pelvic cavities, the greater omentum and in a single regional lymph node. Immediate impressions were of intraperitoneal metastatic spread of disease. On repeated frozen section, however, none of the lesions showed any evidence of malignancy and a Whipple's procedure was performed. The patient made a good recovery complicated by development of a pancreatic fistula which was treated successfully with parenteral nutrition, an intravenous somatostatin analogue and antibiotics. The adenocarcinoma proved to have been completely excised. Paraffin sections of nodules taken at the time of laparotomy showed well differentiated papillary mesothelioma in both peritoneum and omentum (Figure 1).

Close enquiry revealed no history of asbestos exposure. Two years later, the patient is in good health.

Figure 1 Papillary mesothelioma of the peritoneum ($\times 160$)

COMMENT

Well differentiated mesothelioma is a rare condition. A fibroepithelial tumour, it comes in three types—multicystic, adenomatoid and papillary. The multicystic variety is the most common and occurs in both pleura and peritoneum¹. Papillary disease of the peritoneum is less well described: we have found only fifty reported cases.

Well differentiated papillary mesothelioma of the peritoneum has most often been encountered in young women (20–30 years)^{2–4} as an incidental finding. Indeed, only eleven cases have been described in male patients^{4–7}. Usually it causes no symptoms, but abdominal pain, weight loss, chronic pelvic pain and ascites are occasional features⁴. As in our case, the typical macroscopic appearance is of

multiple nodules throughout the pelvic and abdominal cavities and the omentum, although single nodules have been described⁴. This condition is thought to follow a benign course; more malignant behaviour has been described in a single case⁷.

The clinical and pathological staging of carcinoma of the ampulla and head of pancreas is difficult with imaging alone. Diagnostic laparoscopy is the most sensitive way to identify intraperitoneal metastatic disease. This case underlines the need for a histological diagnosis of any suspicious lesion before abandonment of curative surgery.

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Senile squalor syndrome: two unusual cases

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Senile squalor syndrome is gross self-neglect, social isolation and extreme squalor in an elderly person¹.

CASE HISTORIES

Patient 1

A woman aged 84 had lived as a recluse all her life in a small town where she was known as an eccentric. She spent her life in the large house where she was born, an only child,

and attended a local school; in her early 20s she worked for a short period in an office. Her parents died when she was in her 40s and at the time of her mother's death she attacked the bathroom with an axe. The water was turned off and never reconnected. As the years passed the downstairs of the house became dilapidated though the upstairs remained much as it had been with her parents' clothes neatly folded up in suitcases. The electricity was also disconnected. An old gas cooker still worked and she used it to heat hot water bottles. She did not receive any state benefits but had a meagre pension from her father's estate. She was not registered with a general practitioner (GP). For about 15 years she had lived on packets of biscuits and bottled water given by kindly and elderly neighbours who also sometimes gave her hot food. In recent times vandals had broken her windows and she had agreed to them being boarded up. Three months before her admission to hospital social workers were alerted by neighbours who had noticed her increasing frailty and her failure to take her customary walks. Wailing and screaming had been heard coming from the house at night. At first she refused access. Eventually the