

## Letters to the Editor

### Wegener's granulomatosis: Anti-neutrophil cytoplasmic antibody hsi (ANCA)

Dear Sir,

I note with interest the article by Watson and Marshall in the May issue of the JLO describing yet another atypical presentation of Wegener's granulomatosis. Several instructive points are worthy of emphasis if the ENT surgeon is to diagnose the atypical presentation early.

A definite diagnosis on the basis of nasal biopsy is rare. Fauci *et al* (1983) in 50% of 58 biopsies of the nose, sinuses or nasopharynx found only non-specific inflammatory changes with necrosis. The remainder showed granulomata or vasculitits but very rarely did they show both. This difficulty is confirmed by several authors (Kelly, 1956; Walton and Leggat, 1956; Brown and Woolmer, 1960).

The rheumatologist's diagnosis of Sjogren's syndrome on the basis of a positive rheumatoid factor was misleading. In Wegener's granulomatosis the rheumatoid factor is often positive and Fauci *et al* (1983) found it to be so in 27 of 44 cases measured.

The early diagnosis of atypical Wegener's granulomatosis may be made using the anti-neutrophil cytoplasmic antibody test and is desirable if unnecessary surgery is to be avoided (Murty *et al.*, 1990).

Yours faithfully,

George E. Murty,  
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### References

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- Fauci, A. S., Haynes, B. F., Katz, P., Wolff, S. M. (1983) Wegener's granulomatosis? Prospective clinical and therapeutic experience with 85 patients for over 21 years. *Annals of Internal Medicine*, **98**: 76-85.
- Kelly, H. D. B. (1956) Granulomata of the nose and necrotising arteriolitis. *Journal of Laryngology and Otolaryngology*, **70**: 313-316.
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Dear Sir,

Thank you for sending me Mr Murty's letter. I agree with the points he makes, and was interested to hear that it is very common for the rheumatoid factor to be positive in Wegener's granulomatosis. Unfortunately, in the

North East it often takes several weeks to receive the results of anti-neutrophil cytoplasmic antibody tests, as happened in our patient.

Yours sincerely,

M. Watson,  
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### Adenocarcinoma of the para-nasal sinuses due to wood dust

Dear Sir,

The inhalation of wood dust was found to be the cause of a high incidence of adenocarcinoma of the para-nasal sinuses reported from Oxford in 1965. Later reports from several countries, including France, Australia and Holland confirmed wood dust as an aetiological factor in this cancer.

There is evidence that a new wood dust may be threatening a new outbreak of para-nasal sinus neoplasia. **Tornello** is the name of a new hardwood introduced into the United Kingdom from Brazil within the last 12 months, to replace expensive mahogany which is in increasingly short supply due to forest depletion. The wood dust from Tornello is much finer than from mahogany. The workers in the one London factory that has begun to use Tornello are already suffering symptoms due to severe nasal inflammation despite using masks. These workers have reported rumours within the industry that they will be "dead in one year" of "nasal cancer" if they use Tornello wood.

There seems reason to believe that Tornello wood may present an occupational hazard. Certainly its aetiological role in nasal and respiratory disease in its country of origin (Brazil) and in other countries where it has been extensively used should be investigated.

Yours faithfully,

Colin Wallace, F.R.C.S., Ed.,  
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Dear Sir,

I would like to reply to the letter from Colin Wallace and his concern about new woods introduced abroad.

In the wood-working industry within Wycombe, there have been numerous episodes where new and different woods have been introduced at various times and it is interesting how often the wood-workers complain that a lot of these cause excessive irritation. There has been no direct relationship between these new woods and adenocarcinoma of the ethmoid sinuses and indeed many of