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The doctor-patient and the blister bush.

To the Editor: One Tuesday night I become aware of a burning sensation on my right forearm. On waking up in the morning I notice a severe blistering burn covering the larger part of my right forearm. I go over the sequence of the last few days looking for a cause. Saturday afternoon I gave an anaesthetic to a patient with acute necrotizing fasciitis. Sunday morning I walked up Table Mountain with a friend. Monday nothing untoward happened.



Tuesday at work comments from colleagues ranged from; "how did you burn yourself" to "that looks like a nasty infection". Apart from the local discomfort I felt fine, but I had a nagging worry about the patient with the fulminating fasciitis. When my friend on Tuesday night told me that she had a strange blistering burn on her chin and nose, the mystery deepened. I was worried that I might have infected her as well. Wednesday morning when the visiting infectious disease physician saw my arm he promptly diagnosed a cellulitis and advised high dose co-amoxycylav which I started that afternoon.

Meantime I noticed other similar small lesions on my other arm and both legs, increasing my worry that it was an infective

process. The next day the pain and swelling increased. Colleagues now advised me to be admitted for intravenous antibiotics. My friend phoned very concerned having just read the article in the latest CME describing subacute necrotizing fasciitis. Since I was on my way to Cape Town I decided to consult a surgeon. I dropped in on a family physician friend on the way. She was in two minds. On the one hand, she had also read the article on subacute necrotising fasciitis and with this in mind (i.e. images of me with arm amputated as the fasciitis spread rampantly throughout my system and finally succumbing to fulminant septicaemia) she phoned the surgeon who advised moxyfloxacin overnight with review in the morning. On the other hand she was struck by the shape, superficiality and clear demarcation of the lesion and diagnosed a possible contact dermatitis due to a plant toxin with the classical "drip sign" which I had never heard of before. I covered both options, starting the very expensive new antibiotic and applying a local homeopathic ointment for burns and stings containing an extract of arnica and stinging nettle. The next day the arm was much better.

Which remedy helped? Mountain Club friends gave the answer the moment they heard the story - "blister bush". This is a shrubby plant known as *Peucedanum galbatum*, (bergseldery in Afrikaans) that grows on the slopes of the mountain and is known to contain a toxin which under certain conditions causes a severe blistering reaction.



Moisture and sun exposure exacerbates the reaction. The perplexing feature of this reaction is that one notices nothing until about thirty to forty hours after one has touched the plant. In fact the path that we took up the mountain is known to be lined by some blister bushes that are hard to avoid. I obviously pushed aside a blister bush with my arm. My friend probably touched the plant and then her face. We subsequently heard many accounts of hikers suffering the same fate. The lesions slowly healed over the next week. We learnt that the plant also has known medicinal properties. A brandy tincture of leaves is an early Cape remedy for obesity in men!

We also learnt how our diagnoses are arrived at by a jumble of our own worst fears, our specialist colleagues opinions, recent articles read and that eventually lay people may readily have the answer.

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