dependent on systemic blood pressure. It is this possible link between blood pressure and cerebral bleeds that makes the work of Fujimura et al. of such interest.

References


Mr Gough comments:

I agree that mercury intoxication remains a significant risk when mercurochrome applications are used daily in the management of large omphaloceles. However, one of our patients had 3 exchange transfusions for hyperbilirubinaemia and it is difficult to know what part this played in his subsequent poor progress. The second case illustrated in the article has developed normally despite high urine mercury excretion when aged 8 weeks, and thus the risks may have been overstated.

I have recently treated a patient with gentian violet applications, as Dr Chan describes, and can confirm the favourable progress which he noted, and his letter gives further support to the concept that conservative treatment is both effective and safe.

Giant exomphalos—conservative or operative treatment?

Sir,

I would like to comment on the successful use of conservative treatment of giant exomphalos by Gough and Auldist (Archives, 1979, 54, 441). Their 6 patients on conservative treatment had the intact sac painted daily with 2% aqueous mercurochrome. Two of these patients had complications of mercury intoxication, one with failure to thrive at age 8 weeks and one who became mentally retarded with microcephaly. The risk of mercury poisoning in conservative treatment of giant exomphalos can be avoided by using 1% aqueous gentian violet. I successfully treated 6 infants with exomphalos measuring more than 5 cm in diameter in Singapore between 1969 and 1972. Three had the intact sac painted with 1% aqueous gentian violet and 3 with 2% aqueous mercurochrome. All survived and none developed complications during the 2 years that they were followed up. The infants treated with 1% gentian violet paint responded with epithelialisation and healing of the abdominal defect within 12 weeks while those treated with mercurochrome did not heal until 20 weeks. The only disadvantage of using gentian violet was that it stained the linen.

All my patients required secondary surgery to the ventral hernia which replaced the exomphalos.

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