Letters 2339

Different mechanisms may be operational in this regard. Thus, G-CSF has been shown to augment adenosine diphosphate-induced platelet aggregation in vitro and in vivo [5, 6]. Accordingly, a decrease in platelet counts has been observed in animals and humans [7, 8], which was dose-dependent and associated with elevated platelet factor-4 serum levels [8]. The dramatic upregulation of the neutrophil-endothelial cell homing receptor (LAM-1) affinity may be another pathogenetic factor [9]. Finally, direct effects on endothelial cell proliferation and migration have been reported [10]. Since these effects may have fatal consequences at sites of pre-existing lesions of the endothelium, specific attention regarding vascular complications during G-CSF therapy may be warranted in similarly predisposed patients.

 O'Reilly SE, Hoskins P, Klimo P, Connors JM. MACOP-B and VACOP-B in diffuse large cell lymphomas and MOPP/ABV in Hodgkin's disease. Ann Oncol 1991, 2 (suppl. 1), 17-23.

- Brugger W, Frisch J, Schulz G, Pressler K, Mertelsmann R, Kanz L. Sequential administration of interleukin-3 and granulocytemacrophage colony-stimulating factor following standard-dose combination chemotherapy with etoposide, ifosfamide, and cisplatin. Blood 1992, 9, 1452-1459.
- Pettengell R, Gurney H, Radford JA, et al. Granulocyte colonystimulating factor to prevent dose limiting neutropenia in non-Hodgkin's lymphoma: a randomized controlled trial. Blood 1992, 80, 1430-1436.
- Conti JA, Sher HI. Acute arterial thrombosis after escalated-dose methotrexate, vinblastine, doxorubicin, and cisplatin chemotherapy with recombinant granulocyte colony-stimulating factor. Cancer 1992, 70, 2699-2702.
- Shimoda K, Okamura S, Harada N, Konodo S, Okamura T, Niho Y. Identification of a functional receptor for granulocyte colonystimulating factor on platelets. J Clin Invest 1993, 91, 1310-1313.
- Shimoda K, Okamura S, Inaba S, et al. Granulocyte colonystimulating factor and platelet aggregation. Lancet 341, 633.
- Cohen AM, Zsebo KM, Inoue H, et al. In vivo stimulation of granulopoiesis by recombinant human granulocyte colony-stimulating factor. Proc Natl Acad Sci USA 1987, 84, 2484–2489.
- Lindemann A, Herrmann F, Oster W, et al. Hematologic effects of recombinant human granulocyte colony-stimulating factor in patients with malignancy. Blood 1989, 74, 2644–2651.
- Spertini O, Kansas GS, Munro JM, Griffin JD, Tedder TF. Regulation of leukocyte migration by activation of leukocyte adhesion molecule (LAM-1) selectin. Nature 1991, 349, 691-694.
- Bussolino F, Wang JM, Defilippi P, et al. Granulocyte- and granulocyte-macrophage colony-stimulating factors induce human endothelial cells to migrate and proliferate. Nature 1989, 337, 471-473.

Eur J Cancer, Vol. 29A, No. 16, p. 2339, 1993. Printed in Great Britain 0959-8049/93 \$6.00 + 0.00 Persamon Press Ltd

## Breast Carcinoma Presenting with Inappropriate ADH Secretion

## Andrew C. Howard, Robert W. Laing and Fez N. Hussain

A WOMAN PRESENTING with clinical and biochemical water intoxication (serum sodium of 118 mmol/1, potassium 4.6 mmol/1, urea 3.8 mmol/1, a serum osmolality of 250 mOsmol/kg and urine osmolality of 627 mOsmol/kg) was shown to have inappropriate secretion of antidiurectic hormone (ADH). Clinical examination and radiological investigation indicated a breast carcinoma to be the only possible source. Histopathological investigation of the tumour revealed a typical in situ ductal breast carcinoma with stromal invasion and regional lymph node metastases. Electron microscopy revealed neurosecretory granules in both primary and metastases, many cells staining positively with an argyrophil stain, and with antibody to ADH (Fig. 1). On removal of this tumour the patient's symptoms resolved and her biochemistry returned to normal. At 12 months she remains well with no local recurrence or evidence of further metastases

Inappropriate ADH secretion is a rare condition most often associated with bronchial carcinoma, or with organic lesions of the hypothalamus and pituitary gland. We believe this to be the only histopathologically proven case of breast carcinoma causing inappropriate ADH secretion so far reported in the literature.

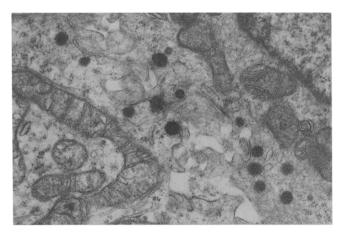


Fig. 1.

Correspondence to A.C. Howard.

A.C. Howard is at the Department of General Surgery; F.N. Hussain is at the Department of Medicine, Northern General Hospital, Sheffield S5 7AU; and R.W. Laing is at The Department of Neuropathology, Royal Hallamshire Hospital, Sheffield S10 2JF, U.K. Revised 6 July 1993; accepted 6 Sept. 1993.