The positive correlation seen in the ER, PR scores and Her 2 neu amplification between the primary tumour and lymph node metastases and the absence of a significant difference between the score of ER, PR and the amplification of Her 2 neu between the primary tumour and the lymph node metastases indicates that there is a concordance in these parameters between the primary tumour and its nodal metastases. Hence assessment of ER, PR status and Her 2 neu amplification in nodal metastases is accurate and useful when the primary tumour is unavailable for study since the ER, PR score and the expression of Her 2 neu amplification of the nodal metastases is similar to that of the primary tumor in breast carcinoma of Sri Lankans.

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Table 3. Distribution of Her 2 neu in primary tumour and lymph node metastases

<table>
<thead>
<tr>
<th>Primary tumour Her 2 neu</th>
<th>positive</th>
<th>Negative</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lymph node positive</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>metastases negative</td>
<td>1</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Her 2 neu total</td>
<td>8</td>
<td>19</td>
<td>27</td>
</tr>
</tbody>
</table>

References


To the Editors:

A case of Kleine-Levin syndrome

Ceylon Medical Journal 2011; 56: 132-133

Kleine-Levin syndrome is a rare sleep disorder predominantly described in males [1]. It has a relatively good prognosis and awareness would avoid inappropriate management as either a psychotic disorder or epilepsy.

A 12-year old prepubertal girl presented with episodes of hypersomnolence, associated with megaphagia and altered behaviour of 4 years duration. A typical episode starts with headache and facial pain, followed by increased sleepiness lasting 3-4 days, associated with hyperphagia and emotional lability. Examination showed a well child who preferred to sleep all the time (18-22 hours/day). She had stable vital signs, without focal neurological signs and normal systemic examination.

Electroencephalogram performed during an episode showed no seizure activity. Treatment with sodium valproate also showed no response. Inborn errors of metabolism were excluded by normal urine screen for aminosidopathies and organic acidemias and normal serum ammonia, lactate, and blood gases during two clinical episodes. Her blood glucose, liver and renal...
functions, inflammatory markers (CRP, ESR), cerebrospinal fluid analysis and MRI scan of brain were normal.

The presence of unusual triad of hypersomnolence, hyperphagia associated with abnormal behaviour as the predominant symptoms, in the presence of negative investigations lead to the clinical diagnosis of Kleine-Levin syndrome in this child.

Kleine-Levin syndrome (KLS) is a rare but relatively benign syndrome characterised by recurrent episodes of hypersomnia and at least one of the following symptoms: (1) cognitive or mood disturbances, (2) megaphagia with compulsive eating; (3) hypersexuality with inappropriate behaviours; and (4) abnormal behaviour [1]. These episodes are separated by weeks or months of normal sleep and behaviour. Though originally described only in adolescent males, rarely young females are affected. A complete syndrome is the occurrence of hypersomnia, megaphagia and the various psychic manifestations. However atypical and incomplete forms are described. The episodes occur suddenly and last for several days to weeks, and cease abruptly. The interparoxysmal periods last several days to months, sometimes even to several years. Duration of each symptomatic period reduce over the years. The exact pathogenesis is not completely understood. A disorder of the diencephalon with episodic diffuse brain hypoperfusion, a viral aetiology due to associated flu like symptoms or autoimmune basis due to association with certain HLA types are postulated [2,3].

Many therapeutic agents such as stimulants, mood stabilisers, amphetamines and neuroleptics have been used, but definite benefit is yet to be established. With increasing age, frequency of these episodes gradually decrease. Therefore management during each episode is primarily supportive and educational [4].

References

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To the Editors:

Intra-aural ecdysis of Dermacentor auratus Supino, 1897, in a human host

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Reports on otoacariasis (intra-aural tick infestations) are common at ear, nose and throat (ENT) clinics in Sri Lanka [1, 2]. Dermacentor auratus (Acarina: Ixodidae) is the most commonly reported tick species associated with human otoacariasis [1]. It has a three-host life cycle involving different host species for each stage of its life cycle (larva, nymph and adult), and is distributed throughout the oriental region. The wild pig is one of the major hosts for adult D. auratus, and it also parasitizes a number of mammals (domestic pig, bear, rhinoceros and deer) as well as reptiles (python). Larvae feed mainly on Rattus spp. and carnivores. The nymphal stages have been known to infest man [1, 3]. Here we report an unusual occurrence of an intra-aural ecdysis of a male D. auratus nymph stage, into an adult within the human host.

The specimen was collected from the ear canal of a 51 year old female who complained of an earache and sought treatment at the Kandy General Hospital. The specimen was removed by an ENT specialist and preserved in 95% ethanol. The specimen was identified under light microscopy as an adult male D. auratus. It had an intact nymphal cuticle at the time of collection (Figure 1).

Although D. auratus is a three-host tick, it may go through a two-host life cycle as well, and therefore, ecdysis within an ear canal may not be surprising.