Steroids and Spontaneous Tendon Rupture

To the Editor:—In September, 1962, the author, a 35-year-old physician, ruptured his left Achilles tendon while playing competitive table tennis. It was presumed likely, because of the circumstances, that there was some relationship between the incident and the steroids which were being administered for eczematoid dermatitis. Steroids had been used for several months in doses of 20 to 40 mg of prednisone daily, with the development of severe Cushingoid manifestations. I implicate steroids because of the extensive metabolic aberrations that are known to occur and because the action that precipitated the rupture was seemingly innocuous.

An ordinary maneuver, springing forward, caused a complete severance of all the fibers of the Achilles tendon at the attachment to the calf muscles. There were no precipitating factors such as slippery floors or unusual twisting maneuvers, nor was this an initial match played under poor warm-up conditions. It was a typical action performed countless times in 30 years of continual competitive and professional participation in table tennis.

The diagnosis was immediately apparent. A surgeon was alerted and the surgical repair was performed the same night. The rupture was complete at the calf, no connections remaining. The plantaris was also ruptured. The condition was painful, but complete recovery occurred eventually, permitting full participation in competitive tennis and table tennis.

Just recently there appeared a Letter to the Editor describing a similar event and referring to four others, one of which involved a rupture of the Achilles tendon that occurred when the patient stood on his toes at the request of the physician, who wished to check on the chronic rupture that had occurred four months previously. These reports all described Achilles ruptures, some bilateral, all of which occurred in patients taking large doses of steroids, and, in two instances, in patients with systemic lupus erythematosus. It was deemed possible, however, that the relationship was to lupus rather than to the accompanying steroids. With the account of the incident herein described, however, it seems reasonable to assume that the rupture was in fact due to the steroids alone and their complicating actions. This is another bizarre side effect of steroids.

Peter Fisher, MD
Seattle


Od's Bodikins

To the Editor:—Your recent communications on Hodgkin's disease (JAMA 196:910 [Dec 7] 1964) have inspired the following immortal lines:

Od's bodikins!
Cried Hodgkin,
Here is a canker
Worse than a chance.

By the 23rd Psalm
As I'm Hodgkin, Tom,
We cannot endure it,
Somebody must cure it.

Bernard Straus, MD
New York

Official Autopsy Report on President Kennedy

To the Editor:—After reading the "Official Autopsy Report on President Kennedy" (FROM OTHER PAGES, JAMA 190, Oct 25, 1964, adv p 98) I wonder if this represents the complete autopsy protocol? It seems to be the complete report submitted, but it certainly would appear to be a grossly incomplete record. The forensic pathologist prides himself on his thoroughness in the positive findings, in the pertinent negative findings, and in the recording of other normal and abnormal findings that may be totally unrelated to the cause and mode of death. For instance, this "complete" record with its supplementary report fails to mention what the gross findings were with regard to such obvious and easily identifiable organs as the liver, spleen, kidneys, pancreas, thyroid, and adrenals. Some of these organs must have been found for they are mentioned under the section heading, "Microscopic Examination." Others apparently were not found, for no mention is made of them. A good autopsy protocol states, "Such and such an organ was not found or not examined." This one, however, leaves it up to guessing.

One can only assume from the report that a pair of organs we all would be most interested in knowing about was too difficult to find, namely, the adrenals. Such a pity to have been so close to the answer to a medical query much talked about both by lay and professional people before, during, and after the administration of President John F. Kennedy and not to have found even a smidgen of adrenal tissue to answer this perplexing, curious, and intriguing problem.

R. M. Failing, MD
Santa Barbara, Calif

To the Editor:—Inasmuch as there was some controversy about the President and Addison's disease, I imagine you may have had many inquiries concerning the adrenals. Were there any abnormalities in the adrenals?

Paul W. Higgins, MD
Fort Lauderdale, Fla

To the Editor:—What became of President Kennedy's adrenals? No mention was made of them in any publication I have seen of the official autopsy report.

Capt Thomas H. McConnell, MC, USA
Fort Campbell, Ky

"Inquiries to the officials on this point have been unsuccessful."—Ed.

Lymphangiomata and Arthus' Phenomenon

To the Editor:—Arthus' phenomenon, the local necrosis of tissue after injection of antigen in a sensitized animal, has been used to slough implanted tumors in experimental animals. Because I have had cases of extensive hemangiomas that have sloughed and regressed after partial excision, it occurred to me that the partial excision might have released an antigen that precipitated the process, which itself was perhaps an expression of the autoimmune disease process, destruction of seemingly normal tissue by the immune reaction. I have not had a non-resectable hemangiomia on which I could try my thesis. I have had, however, two cases with extensive lymphangiomata-hemangiomata in which total excision was out