

ever, a relatively small single dosis of 0.5 mg flumazenil was used and a different result might have been obtained with a larger dosis.

In summary, the complete disappearance of encephalopathy after liver transplantation in our patient indicates that, irreversible cerebral damage does not develop despite long-lasting cerebral dysfunction due to hepatic portosystemic encephalopathy.

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## Delightful hair growth after lung transplantation

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Sir: Immune-mediated mechanisms have been implicated in the pathogenesis of alopecia areata, probably with an altered T-cell regulation of the immune response [1]. Biopsy specimens show perifollicular lymphocytic infiltrates. The prognosis of this disorder is uncertain and the process can be reversed to varying extents by taking several different measures, including the administration of corticosteroids, local irritants, or photochemotherapy. Also cyclosporin, topically or orally applied, can produce regrowth of hair in some patients with alopecia areata [2].

In transplant recipients, hypertrichosis is a well-known and, especially in women, usually an unwanted, side effect of the use of cyclo-

sporin. However, sometimes this is encountered with great delight, as is shown by the following case.

A now 49-year-old woman suffered from emphysema with progressive dyspnea and hypoxemia upon exertion. Her therapy consisted of inhaled corticosteroids (budesonide) and bronchodilators (salbutamol and ipratropium bromide), as well as systemic corticosteroids (7.5 mg daily), the latter leading to a Cushing syndrome. In the spring of 1992, alopecia areata was diagnosed with a slowly progressive, diffuse hair loss of the scalp, eyebrows, and eyelashes. There had been no change in medication and the patient did not suffer from endocrine disorders. Her father had experienced hair loss starting at age 40 and her sister had very limited alopecia areata.

The patient was treated with local application of desoximetasone (Topicort) without any effect and she progressed to alopecia universalis with complete loss of all body hair. PUVA treatment (ultraviolet A light and psoralen) had no effect, and so she started to wear a wig and to draw on eyebrows with a make-up pencil.

In April 1994 the patient underwent a bilateral lung transplantation with a good clinical result. Post-operative maintenance immunosuppression consisted of cyclosporin, azathioprine, and prednisolone. Within a few weeks she noticed progressive hair growth on her scalp and eyebrows; later, there was also regrowth of eyelashes and all other body hair. Even hypertrichosis developed.

The explanation for this renewed hair growth is probably the use of immunosuppressive therapy (cyclosporin and corticosteroids), possibly in combination with the disappearance of a state of chronic illness.

Although the patient was very happy with her lung transplantation,

she was absolutely elated by this renewed hair growth, and this clearly improved her self-esteem. Unfortunately, partial hair loss occurred again 7 months after lung transplantation when the corticosteroid dosage was lowered to under 12.5 mg daily. Her cyclosporin serum levels had been stable during the last 6 months.

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