imaging. A third case presenting with headache and visual disturbances was also treated with steroids for four and a half years as a case of cranial arteritis. Maini and Macewen in 1997 reported a fourth case, with its MRI appearance. Similarly, our patient sought ophthalmological advice initially and was treated as a case of retrobulbar neuritis. The characteristic presentation of our patient is that his only complaint was sudden unilateral deterioration in vision despite diffuse myelomatous disease.

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Assessing chronic fatigue
Sir,  
Naschitz et al.1 studied patients with chronic fatigue syndrome (CFS) in comparison with some controls ‘exhibiting shared clinical features with CFS’, namely, patients with non-CFS chronic fatigue, fibromyalgia, generalized anxiety disorder, and neurally mediated syncope. Considering that those controls were included in the study on the basis of the clinical overlap of their disorders with CFS, it is surprising that Naschitz et al. failed to include also patients with Addison’s disease, which resembles CFS far more closely than does any other medical condition.2

CFS and Addison’s disease share tens of clinical features,2 including chronic fatigue and all the physical signs and symptoms, neurocognitive dysfunctions, depressive complaints, and sleep disturbances listed in the diagnostic criteria for CFS.3 The clinical overlap of CFS with Addison’s disease reflects their shared adrenal abnormalities, namely, hypocortisolism, impaired adrenal cortical function, reduced adrenal gland size, and antibodies against the adrenal gland.3 Another adrenal abnormality found recently in both CFS4 and Addison’s disease5 is represented by deficiency of dehydroepiandrosterone sulphate, which is secreted from the adrenal glands.4

Naschitz et al.1 report that CFS patients undergoing the head-up tilt test developed postural hypotension and orthostatic tachycardia. These symptoms,3 however, are two of the 42 clinical features that CFS shares with Addison’s disease2–5 and, it therefore seems worthwhile determining whether CFS patients and undertreated subjects with Addison’s disease also share similar changes in blood pressure and heart rate during the head-up tilt test.

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