

pathologically similar to other types of lung cancer, a Pancoast tumour usually presents with local rather than systemic manifestations (Detterbeck, 2003).

While most cases of Horner's syndrome are caused by a Pancoast tumour, it is important to gain a tissue diagnosis before commencing treatment, because the same mass effects can be caused by lymphoma (Rao and Robins, 2001), tuberculosis (Beshay et al, 2003) and other infections (Mitchell and Sorrell, 1992). **BJHM**

Beshay M, Roth T, Stein RM, Schmid RA (2003) Tuberculosis presenting as Pancoast tumor. *Ann Thorac Surg* **76**: 1733–5
Cavazza S, Boccolini C, Gasparrini E, Tassinari G (2005) Iatrogenic Horner's syndrome. *Eur J Ophthalmol* **15**: 504–6

Detterbeck FC (1997) Pancoast (superior sulcus) tumors. *Ann Thorac Surg* **63**: 1810–18
Detterbeck FC (2003) Changes in the treatment of Pancoast tumors. *Ann Thorac Surg* **75**: 1990–7
Mitchell DH, Sorrell TC (1992) Pancoast's syndrome due to pulmonary infection with

Cryptococcus neoformans variety gattii. *Clin Infect Dis* **14**: 1142–4
Rao RD, Robins HI (2001) Non-Hodgkin's tumor and Pancoast's syndrome. *Oncol Rep* **8**: 165–6
Shaw RR (1984) Pancoast's tumor. *Ann Thorac Surg* **37**: 343–5

LEARNING POINTS

- This case underlines the importance and value of a thorough history and examination.
- The initial presentation of an apparent single nerve root pathology is uncommon because multiple nerves within the brachial plexus and sympathetic chain are usually disrupted.
- The recent history of whiplash in this patient may have caused his initial symptoms of neck pain, but may also have deterred clinicians from considering a pathological mass effect in the early stages of presentation.
- Early consideration of malignancy as a differential diagnosis is important in young patients with neurological symptoms, particularly when these symptoms seem disproportionate to a predisposing injury.

IMAGES IN MEDICINE

A rare visual side effect of urinary tract infection in a patient with a suprapubic catheter

An 82-year-old patient presented to urology outpatients for a routine 6-week change of her suprapubic catheter. The urine collection bag was a deep purple throughout the bag, extending into the catheter tubing (*Figure 1*).

Dr Peter Peters is Principal House Officer in the Department of Urology, Ipswich General Hospital, Queensland, Australia and Lecturer in the School of Medicine, Griffith University, Queensland, Australia, **Dr Jessica Merlo** is Resident Medical Officer and **Ms Bonita Boon** is Registered Nurse in the Department of Urology and **Mr Brian Parker** is Microbiology Technician at Queensland Health Pathology Services, Ipswich General Hospital, Queensland, Australia, and **Professor Wendy Munckhof** is Senior Staff Specialist in Infectious Diseases and Microbiology, Queensland Health Pathology Services, Ipswich General Hospital, Queensland, Australia, and Associate Professor of Medicine, University of Queensland Faculty of Health Sciences, Queensland, Australia

Correspondence to: Dr P Peters
(peter2734@gmail.com)

Examination of the urine within the bag did not indicate the same level of colour change. Urine dipstick revealed the presence of leucocytes and nitrates and a pH of 8.5, with a diagnosis of purple urine bag syndrome. Subsequent urine microscopy, culture and sensitivity indicated the presence of *Proteus mirabilis*. The patient denied any systemic symptoms of a urinary tract infection so the suprapubic catheter was changed and the

Figure 1. Urine collection bag with tubing. The bag has a small volume of urine which was only mildly stained. The catheter itself was not this colour.



patient was discharged home with sensitive oral antibiotics.

Gross examination of the collected specimen revealed sediment which microscopy revealed to be phosphate crystals (*Figure 2*). Purple urine bag syndrome is a harmless side effect of a highly alkaline urinary tract infection which requires treatment. **BJHM**

Figure 2. Microscopy of urine from bag at 10x magnification indicating the phosphate crystals deposited.

