bitten by *S. adersi* along the Vaal River near Klerksdorp, and there is a report of *S. adersi* biting people along the Apies River near Onderstepoort, Pretoria (E M Nevill — personal communication). *S. adersi* have been observed biting many farm labourers in the Sundays River valley, Eastern Cape (F C De Moor — personal communication), whereas one of the authors (R P) was bitten by *S. damnosum* near the Vaal River at Christiana, North-West Province, and by both this species and *S. chutteri* near the Orange River at Upington, Northern Cape. *S. nigrilase* has also been recorded as biting several persons along the Eerste River at Stellenbosch, Western Cape (R W Palmer — unpublished data). In 1983 the Augrabies National Park reported that one of their labourers had severe swelling of the ears because of blackfly bites (M Car — unpublished data). Occasional blackfly anthropophily is therefore more widespread in South Africa than the literature suggests.


**CLINICAL IMAGES**

**FIBROCASEOUS TUBERCULOSIS**

A 43-year-old female vineyard worker presented with a 2-week history of recurrent epistaxis.

On admission she was generally well. She had no previous medical history and no contact with people with tuberculosis. On examination she was pale and had splinter haemorrhages under her fingernails. She was noted to have Dupuytren’s contracture, and features of porphyria cutanea tarda. Inspection of the interior of the nose by an ear, nose and throat specialist revealed no abnormality.

The patient weighed 44 kg, the haemoglobin concentration was 6 g/dl, the white cell count $22.7 \times 10^3/l$, and the erythrocyte sedimentation rate 53 mm/1st h. No haematuria was present.

The chest radiograph (Fig. 1) raised the possible diagnoses of Wegener’s granulomatosis (or similar vasculitis), sarcoidosis, metastases, lymphoma, tuberculosis, fungal infection or emboli. Sinus radiographs showed some mucosal thickening.

![Image](image-url)

**Fig. 1.** Multiple rounded lesions in both upper zones and the left mid zone, with areas of cavitation (arrows) in two of the lesions.

Extensive biochemical results added little further, other than positive VDRL and TPHA tests.

After some debate an open lung biopsy was performed. Pathological examination revealed many acid- and alcohol-fast bacilli in fibrocaseous tuberculosis. The patient was discharged on antituberculous therapy.

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**CPD QUESTIONNAIRE**

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