CORRESPONDENCE

Hexachlorophene exposure in a young patient with soft tissue sarcoma

Sir,—A 34 year old female patient was operated on in March 1991 for a large mediastinal tumour; histopathology showed a malignant fibrous histiocytoma. The tumour was encapsulated and the operation was microscopically radical. Five months later, however, two inoperable metastases were diagnosed in her right lung. The disease progressed rapidly in spite of cytostatic treatment and the patient died.

There was no family history of malignant diseases. From 1974 until 1987 she had worked in hospital both as a cleaner and assistant nurse. She was thereby in contact with hexachlorophene on almost a daily basis for disinfection and hand wash until 1980 when hexachlorophene was withdrawn from the Swedish market.

Hexachlorophene is a polychlorinated biphenol developed in 1939, and has been widely used as a detergent in soaps and as a disinfectant, particularly in hospitals.¹ It is produced from 2,4,5-trichlorophenol, and contains less than 15 µg/kg of the toxic dioxin 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD).^{1,2}

An association between exposure to phenoxy herbicides, chlorinated phenols, dioxins, and soft tissue sarcomas has been reported in case-control and cohort studies.³⁻⁹ In fact, allowing for latency, exposure to TCDD gave a significantly increased risk for all malignant diseases combined in three studied cohorts.^{8,10,11}

The dioxin TCDD is a carcinogen in animal studies,^{12,13} but hexachlorophene has not been shown to be carcinogenic in animals^{14,15}; no data on human carcinogenicity are available.

The Swedish Cancer Environment Register 70 (CER 70) was established by record linkage between the 1970 census and cancer register incidence data in 1971-84, and contains information on a total of about 8.1 million persons. For physicians and dentists a non-significantly increased standardised incidence ratio (SIR) for soft tissue sarcoma (ICD 7 code 197) was found (SIRs 1.4 and 2.1 respectively). For all health care workers the SIR

was 1.0. As individual exposure data are lacking, CER 70 cannot be used to confirm or refute any causal associations.

An association might exist between exposure to hexachlorophene and soft tissue sarcoma for the case presented here. The latency period was 17 years, which is in agreement with previous findings regarding exposure to dioxin and soft tissue sarcoma, TCDD is carcinogenic, and she was young without a history of a hereditary syndrome.

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NOTICES

7th International Meeting on Low Frequency Noise and Vibration, Edinburgh, 14-16 April 1993 (University of Edinburgh Pollock Halls of Residence)

Organising committee; chairman Dr W Tempest, University of Salford and members of the editorial board of the *Journal of Low Frequency Noise and Vibration*. The meeting is sponsored by the *Journal of Low Frequency Noise and Vibration*. The topics of the Conference will be those of the sponsoring journal among which are: sources of infrasound, low frequency noise and vibration including hand-arm and whole body vibration; detection, measurement and analysis; control, especially active control; propagation; perception and subjective effects. The organising committee welcomes contributions related to any of the topics listed above.

A programme of tours and visits, and a conference banquet is to be arranged.

For further information contact: Multi-Science Publishing Co Ltd, 107 High Street, Brentwood, Essex CM14 4RX, UK.

Delegates should note that the Institute of Acoustics spring conference, **Acoustics 93** will be held in the week after this meeting, 20-23 April at the Institute of Sound and Vibration Research, Southampton.