Suprapubic abscess—a complication of suprapubic bladder aspiration

Sir,

Suprapubic bladder aspiration (SBA) has proved to be a useful and safe method in avoiding contamination when urine samples are taken from children. The following complications have been reported: suprapubic haematoma (Nelson and Peters, 1965), haematuria (Lanier and Daeschner, 1971), and suprapubic abscess (Polnay et al., 1975).

A 4-month-old boy developed a suprapubic abscess after an unsuccessful SBA. E. coli was cultured from the abscess and was also found in the urine sample taken by catheterization immediately after the SBA. The abscess was treated by incision and antibiotics, and was cured without further complications. The origin of this bacterium in the abscess was probably the infected urine which was withdrawn from the bladder by SBA. Palpation of the bladder before SBA therefore does not eliminate the possibility of suprapubic abscess formation as suggested by Gellis (1976). We think that suprapubic abscess can even develop after successful SBA. Particularly careful follow-up should be given to patients with unsuccessful SBA.

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The stomach in malnutrition

Sir,

In the article by Gracey et al. (Archives, 1977, 52, 325) it
is stated that there are no reports of the adequacy of
gastric acid secretion in malnourished infants and chil-
dren. I should like to draw your attention to an article by
Wittmann et al. (1967). In this study it was shown that
gastric acid secretion measured by the augmented histame

tine test was very adequate in protein-calorie malnu-
trition. In 4 cases out of 20 there was an achlorhydria
which appeared to be specifically related to iron deficiency
anaemia and was easily reversible on treatment. Dr. Gracey
does not mention the other deficiencies that were
present in the cases that he studied with pentagastrin
stimulation of the gastric mucosa. One wonders therefore
whether the poor secretion that he obtained in his cases
was not perhaps due to some other factor than protein-
calorie malnutrition.

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Dr. M. Gracey comments:

We are grateful to Professor Hansen for drawing atten-
tion to the paper by Wittmann et al. (1967) about gastric
acid secretion in kwashiorkor in response to histamine
stimulation. Unfortunately, this article was not located by
us before our report despite a search of the literature,
otherwise we would have acknowledged their earlier
work on this subject. It is of interest that the South African
workers found that gastric acid secretion was 'very ade-
quate' in their malnourished patients while we found
that gastric acid secretion was greatly reduced in response
to stimulation by pentagastrin. Decreased gastric acid
secretion was also found in another African study re-
ported briefly several years ago (Adesola, 1968). These
apparently conflicting results came from studies involving
small numbers of subjects in widely separated places and
using different methods for stimulating gastric acid
secretion. These differences should not be used to explain
the discrepancy between the South African work and our
own. They may, however, suggest the means for sys-
tematically investigating the role of gastric function in
malnutrition. In view of the findings by Wittmann et al.
and in keeping with the complex, multifactorial nature of
malnutrition, such studies could usefully involve other
relevant factors including, for example, documentation
of the status of iron repletion.

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Dr. M. Gracey comments

Michael Gracey

Arch Dis Child 1977 52: 985
doi: 10.1136/adc.52.12.985-b

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