LETTERS TO THE EDITOR

Haemophilus parainfluenzae

EDITOR,—We would like to describe the first report of Haemophilus parainfluenzae urinary tract infection occurring in the paediatric population, a case which highlights the importance of looking for more fastidious organisms in selected patients.

Case report
A 2 year old boy was admitted with dysuria, intermittent vomiting, and abdominal pain. Ten weeks earlier he had undergone a distal hypospadias repair which was complicated postoperatively by mild penile inflammation; a wound swab grew low numbers of Pseudomonas aeruginosa. On the last visit to the out-patient department, the urine was sterile, with a normal result for the wound swab. The child was otherwise well and doing well in all respects. The next day he was readmitted with abdominal pain, vomiting, and shock. Examination showed mild tachycardia and hypotension. A repeated wound swab showed no growth. A urine sample was sterile when tested by Gram stain and culture, and a urine sample taken at catheterisation was also sterile. Intravenous fluids were administered and the parents were asked to bring in a fresh urine sample 3 hours later. This sample grew Haemophilus parainfluenzae. Urinary tract infection had been excluded in the previous weeks by 3 times of negative urine cultures on traditional urine media and the usual antibiotic prophylaxis. The patient was treated with cefuroxime for 2 weeks and made an uneventful recovery.

Skull fractures in infancy

EDITOR,—Skull fractures in infants are frequent findings in victims of non-accidental injury,1,2 and may also occur during childbirth. There are reports in textbooks that skull fractures may remain radiologically detectable for a period up to six months.3 In a leading article in 1992 in this journal on radiological dating of skull fractures was discussed in detail,3 but it did not mention the healing of skull fractures. A skull fracture due to abuse in a child under 2 years is associated with very high mortality and morbidity.4 Paediatricians may need to know whether a skull fracture in a 6 week old infant was sustained at birth or more recently; and indeed whether what is described as a fracture really is one. Therefore it will be of great benefit to general paediatricians and radiologists in district hospitals if the following questions could be answered:

(1) How long do skull fractures take to heal radiologically?
(2) Does the healing process of skull bone differ from healing of long bones? If so how could these fractures be dated?
(3) When is a skull fracture not a fracture?

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Central nervous system tumours lack national studies

EDITOR,—The Childhood Cancer Research Group demonstrated that survival from acute non-lymphoblastic leukaemia was improved for those children entered in national studies.1 The same group showed that acute lymphoblastic leukaemia in 1989.2 In a population based study in the South West region from 1976—85, 245 children were identified with leukaemia and 54% of these were entered in national studies. A large percentage would have benefitted from the survival advantage of being entered. This contrasts sharply with the situation for children with CNS tumours. This study of children who were entered in one of two contemporary (CNS) tumours in the same period when 164 children identified only 5% were entered on trials. A major reason for failure to enter these children into studies for CNS tumours was the lack of available national guidelines which were eligible. This situation still exists today. All children with acute leukaemia are eligible for the different national studies.

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Haemophilus parainfluenzae.

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