LETTERS TO THE EDITOR

Vitamin A supplementation in developing countries

EDITOR—I was frustrated by the recent annotation on vitamin A supplementation in developing countries.1 My main complaint is the inability of Dr Filteau and Professor Tomkins to endorse vitamin A supplementation among children living in poverty. On the contrary, we are strongly supportive of improving vitamin A status of children but believe that giving capsules to infants is not the only, or necessarily the best, means of doing this. We feel that more attention be paid to improving the vitamin A content of the diet—through fortification, nutrition education, or food processing—and to supplementing mothers which would have the added benefit of reinforcing nutritional messages about the importance of breast feeding.

High dose vitamin A capsules, in association with the EPI or otherwise, continue to have a place in public health nutrition but if they are to be justified in the light of the available evidence there are legitimate concerns about the medicalisation of a nutritional problem and the ensuing reliance on drugs imported with foreign currency, rather than on local initiative and technology. Secondly, we maintain that issues of safety of capsules for infants have yet to be satisfactorily addressed. Although available evidence suggests that bulging fontanelle is indeed a rare and harmless adverse effect,1 concern was suggested in a recent report, namely, that vitamin A dosing at the time of vaccination may decrease the antibody response to measles in a subpopulation of children.2 Therefore, we believe that the best way forward is that of the World Health Organisation which is coordinating a multicentre trial to evaluate efficacy, acute side effects, and longer term morbidity associated with vitamin A given at the time of EPI vaccinations. Finally, we are aware of the meta-analyses Dr Ray cites but chose to mention only one such analysis, that by Beaton and colleagues,3 as the reports are all much in agreement.


Evidence for a superantigen mediated process in Kawasaki disease

EDITOR—We read with interest the report by Curtis et al regarding T cell receptor variable beta (Vβ) chain repertoire in patients with Kawasaki disease.1 We are concerned that readers may reach the premature conclusion that the involvement of superantigens in the aetiopathogenesis of Kawasaki disease is a proved fact. The authors ignored a substantial body of evidence that does not support this view. The results of Abe et al implicating a superantigen in Kawasaki disease could not be confirmed by in vitro studies.2 In our own study we found no increase in the percentage of Vβ2 cells in patients with Kawasaki disease;2 in addition, our analysis of T cell activation markers in Kawasaki disease paired samples collected at different intervals showed no changes in the expression of HLA-DR or interleukin-2 receptor. Thus, we could demonstrate no evidence that our patients had been exposed to a superantigen. Subsequently, a multicentre study confirmed our observations.3 Another recent study also


Dr Curtis and Professor Levin comment: We are frustrated that more studies are required to investigate the role of superantigens in Kawasaki disease. Since our paper was submitted, conflicting data has been published concerning selective V β usage in the disease. We believe this conflict is due to methodological differences, in particular the different time at which samples were taken in other studies. We observed that the detection of increased V β expression is critically dependent on the timing of the investigation with respect to the onset of disease. Our study suggests that it is not possible to detect the rise in V β2 bearing cells in patients studied early in their disease. A similar finding was observed in Choi et al’s original study of staphylococcal toxic shock syndrome in which peak V β2 expansion was observed 10–14 days after onset of disease.1 Choi et al proposed that the timing of sampling explained the inability to detect V β2 expansion in three of the eight patients studied.

None of the studies cited by De Inocencio and Hirsch were the results from the acute patients analysed with respect to time after disease onset. In Sakaguchi et al’s study, patients in the ‘acute group’ (defined as under nine days) may have been studied too early to detect a change in V β repertoire.
Evidence for superantigen mediated process in Kawasaki disease.

J De Inocencio and R Hirsch

Arch Dis Child 1995 73: 275-276
doi: 10.1136/adc.73.3.275-b

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