Reference

- ¹ Spitz L. Malescent of the testis. *Arch Dis Child* 1983;**58**:847–8.

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Professor Spitz comments:

While fully agreeing with Mr Cudmore that orchidopexy at 2 years of age is a difficult procedure and that the majority of orchidopexies are carried out by general surgeons or, unfortunately, delegated to a junior member of the team, the clinical and experimental evidence supporting orchidopexy at around the age of 2 years is overwhelming. The optimal age for orchidopexy cited in the annotation is designed to salvage the greatest number of testes and to preserve maximal spermatogenic function. The fact that children are referred later or that the operation may be performed by inexperienced surgeons should not override the basic principle and aim of the procedure.

Paediatricians and family practitioners should be encouraged to refer the patients earlier and general surgeons should be trained to perform the operation meticulously with the skill required to maintain the integrity of the vascular supply to the testis.

Visceral leishmaniasis

Sir,

We should like to comment on Khot and Thompson's paper on visceral leishmaniasis.¹ Unfortunately this is not

as rare a disease in Turkey as it is in many other Mediterranean countries and we have, therefore, had considerable experience of it.^{2,3}

We would argue that packed cell transfusion given to the authors' first infant is not required in the treatment of this disease unless some symptoms of cardiac failure are observed. Although several factors in the pathogenesis of anaemia in this disorder have been discussed, as we have pointed out 'the treatment of anaemia in kala-azar in general does not require any haematinics; it requires specific therapy for the disease'.³

Antimony compounds are essential for the specific treatment of visceral leishmaniasis but we also believe that the addition of diamidines (2.5 mg/kg/day every other day for 15 doses) after antimony treatment decreases recurrences as was observed in the authors' first patient.

References

- ¹ Khot AS, Thompson NH. Visceral leishmaniasis contracted in the Mediterranean area. *Arch Dis Child* 1983;**58**:930–1.
- ² Hicsonmez G, Özsoylu S. Kala-azar in childhood. A survey of clinical and laboratory findings and prognosis in 44 childhood cases. *Clin Pediatr (Phila)* 1972;**11**:465–7.
- ³ Hicsonmez G, Özsoylu S. Studies of the anemia of kala-azar in 68 childhood cases. Specific antiparasitic chemotherapy is the most effective treatment. *Clin Pediatr (Phila)* 1977;**16**:733–6.

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