

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 4½-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 The origin of this bacterium in the abscess was probably the infected urine which was withdrawn from the bladder by SBA.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 children. 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 histamine 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 attention 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 adequate' 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 reported 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 systematically 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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