Archives of Disease in Childhood, 1980, **55**, 80–85

Correspondence

Arthritis after measles

Sir,

A very unusual complication of measles was seen in two children recently. A 2-year-old healthy boy showed a typical measles infection. Two weeks after the onset, he suddenly complained of severe pain in the elbows, wrists, and knees, with swelling of these joints; he had several erythematous indurations on his arms and back, particularly on the left side. Maximum temperature was 38·5°C. All symptoms disappeared in 2 days. Measles antibody titre 6 weeks after the onset was 1/8, 9 months later 1/32.

A 4-year-old boy developed painfully swollen knees and ankles, and a generalised indurated erythematous eruption 10 days after typical measles. There was slight fever (38·2°C). The symptoms disappeared after about 12 hours. Measles antibody titre 2 weeks after the onset was 1/8, and after 9 months 1/16. The corresponding rubella antibody titres were 1/8 and 1/64.

The boys had had no contact with each other.

About one year later, symptoms had not reappeared in either boy. Although articular complications are well known after some viral infections, I am not aware of such an association with measles.

ROBERT F M F VAN HOREBEEK
J de Troozlaan 10,
B-8370 Blankenberge,
Belgium

Acquired toxoplasmosis in children

Sir,

In their letter (*Archives*, 1978, **53**, 829), Williams and Savage suggested that 'co-trimoxazole . . . should be the first choice of treatment in toxoplasmosis'. I believe their interpretation of their experience is premature and their conclusion wrong. Have we not yet learned from experience with other antimicrobial agents, most recently idoxuridine in the treatment of herpes simplex encephalitis, to recognise the necessity for appropriately performed studies before decisions are made on 'drug of choice'? Their patient, as well as many of those reported in their references, had the *self-limiting*, lymphadenopathic form of toxoplasmosis. The report by Norrby *et al.*[1] is an example. Such cases provide no satisfactory information on the usefulness of co-trimoxazole in the treatment of patients with toxoplasmosis. It may be that this drug combination (co-trimoxazole) will prove efficacious, but before it is recommended as 'the drug of choice' for any form of toxoplasmosis (especially in life-threatening toxoplasmosis in immunocompromised patients and congenital toxoplasmosis), objective studies are needed both in the congenital infection in infants and in the acquired infection in adults.

Reference

1 Norrby R, Eilard T, Syedhem A, Lycke E. Treatment of toxoplasmosis with trimethoprim-sulphamethoxazole. *Scand J Infect Dis* 1975; **7**: 72–5.

JACK S REMINGTON
Department of Medicine,
Division of Infectious Diseases,
Stanford University School of Medicine,
Stanford, California 94305, USA

Incidence of dental caries in coeliac children

Sir,

Because of our prolonged postal strike, we have only recently read the letter from Mr E D Fulstow (*Archives*, 1979, **54**, 166). We have completed a survey of the incidence of decayed, missing, or filled teeth in 33 coeliac patients, 22 under and 11 over twelve years, attending primary schools in Co. Galway. When compared with the teeth of 68 siblings, there was no significant difference in the incidence of caries.

M J MCLOUGHLIN AND S MCNEILL
Dental Department,
Western Health Board,
Galway, Eire

B EGAN-MITCHELL AND B MCNICHOLL
Department of Paediatrics,
Regional Hospital,
Galway, Eire

Sir,

Mr E D Fulstow recently drew attention to the noncariogenic nature of a gluten-free diet in coeliac patients (*Archives*, 1979, **54**, 166) and, what is perhaps more important, to the possibility of enamel hypoplasia in these children. Miller and Smith (*Archives*, 1979, **54**, 566) confirmed the possibility of enamel hypoplasia.

Out of 252 coeliac patients under long-term follow-up in our clinic, nine presented between ages 6 and 9 years with slight to severe enamel hypoplasia (other cases having been excluded, due to hereditary forms of enamel hypoplasia, and to severe caries, which could have masked prior enamel hypoplasia but excluding a reliable affirmative diagnosis of the latter). In three out of these nine