Correspondence

Intussusception in older children

Sir,

Turner et al. did not mention whether they had considered cystic fibrosis in the differential diagnosis of their patients, or whether they had performed sweat tests. The association is well known in the older child and deserves a passing reference at least. They reported on a group of children who were mainly underweight; did any of them have cystic fibrosis?

Reference


Mr Rickwood comments:

Although the association is well known it is rare. Generally the association is primarily in the context of a patient with established cystic fibrosis who develops an intussusception. Our two hospitals have a considerable number of patients who are suffering from cystic fibrosis, but the only one who had an intussusception during the period under review was excluded from the series because he had presented at another hospital.

None of the patients we presented was known to have cystic fibrosis, nor has any subsequently been shown to have this disease. We did not perform a sweat test in any patient, and we doubt whether routine screening for cystic fibrosis in older children with intussusceptions would prove a rewarding exercise in the absence of other clinical evidence pointing to the condition. It is true that many of our patients were underweight, but most of those who were greatly so gained weight after the lesion had been dealt with.

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Nonaccidental poisoning: the elusive diagnosis

Sir,

We thank Lorber et al. for their comments about our paper, and sympathise with their difficulties. In two of our cases the first toxicology test failed to provide a diagnosis and with this in mind we advised repeat testing on the return of symptoms, and discussion of possible poisons with the laboratory taking into account the symptoms and the drugs available to the family.

We are concerned because interest in the diagnostic problem of nonaccidental poisoning, which has been evident from many papers published since our report, may have diverted attention from the equal problem of subsequent management. The sudden hospital admission of the mother at the time of diagnosis was a feature shared by Lorber's case and two of ours; when the escape route from her own problems provided by the child's 'illness' was about to close she took refuge in 'illness behaviour' of her own. The removal of a child under a Place of Safety

References