

Correspondence

Intussusception in older children

Sir,

Turner *et al.*¹ 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

- 1 Turner D, Rickwood A M K, Brereton R J. Intussusception in older children. *Arch Dis Child* 1980; **55**: 544-6.

M SUPER

Department of Clinical Genetics,
Royal Manchester Children's Hospital,
Pendlebury, Manchester M27 1HA

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.

A M K RICKWOOD FRCS
Paediatric Surgical Unit,
Children's Hospital,
Western Bank,
Sheffield S10 2TH

Prolactin deficiency, obesity, and enlarged testes

Sir,

In the article by Roitman *et al.*¹ the investigation of the patient and the way the reported X-linked syndrome of mental deficiency and megalotestes is referred to, imply that the child's chromosomes were not studied by the method recommended² for detecting the presence of

the fragile X-chromosome syndrome so often described. In this case the association of unusual clinical features could be an indication of a greater than usual defect in the long arm of the X chromosome. Performance of karyotyping in the family may help in our understanding of aspects of the fragile X syndrome should an abnormality be shown.

References

- 1 Roitman A, Assa S, Kauli R, Laron Z. Prolactin deficiency, obesity, and enlarged testes—a new syndrome? *Arch Dis Child* 1980; **55**: 647-9.
- 2 Sutherland G R, Ashforth P C. X-linked mental retardation with macro-orchidism and the fragile site at Xq27 or 28. *Hum Genet* 1979; **48**: 117-20.

M SUPER

Department of Clinical Genetics,
Royal Manchester Children's Hospital,
Pendlebury, Manchester M27 1HA

Professor Laron and Dr Roitman comment:

We intend to karyotype the whole family to look for the fragile X chromosome. The family is very uncooperative but, nevertheless, we hope to be able to do it in the near future.

We still think that the most outstanding feature of the syndrome is the isolated deficiency of prolactin.

Z LARON AND A ROITMAN
Institute of Paediatric and
Adolescent Endocrinology,
Beilinson Medical Centre,
Petah-Tiqva, Israel

Nonaccidental poisoning: the elusive diagnosis

Sir,

We thank Lorber *et al.*¹ for their comments about our paper,² 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