Sir,

It is well known that latent otomastoiditis is one cause of failure to thrive, and so too, although less often, is it a cause of diarrhoea. Its disappearance from paediatric literature was only temporary. Referring to the paper by Salazar de Sousa et al.\textsuperscript{1} we wish to draw attention to the following aspect of otitis and diarrhoea.

In Peru malnutrition is common in infants and children and all necropsies on children who had suffered from severe malnutrition showed latent otomastoiditis. A number of infants in hospital with severe malnutrition was carefully examined; about two-thirds also had diarrhoea, partly meeting the criteria of intractable diarrhoea. No normal antromastoid x-ray film was found in the entire group, and all leucocyte counts were normal. Antrotomy was performed on a few patients and the remainder were treated for malnutrition only, firstly by parenteral and, later, by oral refedding. This resulted in recovery from both otitis and diarrhoea, and consequently we feel that diarrhoea and otomastoiditis can be two unrelated sequelae of a single cause—malnutrition. As Salazar de Sousa et al. gave no precise details of the nutritional status in his patients, malnutrition before the onset of severe diarrhoea seems possible. However, leucocytosis in these cases could suggest a different pathogenesis.

Reference

\textsuperscript{1} Salazar de Sousa J, Da Silva A, Da Costa Ribeiro V. Intractable diarrhoea of infancy and latent otomastoiditis. \textit{Arch Dis Child} 1980; 55: 937-40.

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Professor Salazar de Sousa comments:

I agree that failure to thrive (without diarrhoea) may be associated with latent otomastoiditis. Recently we had a patient in whom antrotomy showed an ear infection and was followed by rapid weight gain.

The necropsy findings in severely malnourished Peruvian infants are not surprising, since they are similar to the findings of Parrot.\textsuperscript{1} The possibility of spontaneous healing of latent otomastoiditis was shown by Lévesque \textit{et al.}\textsuperscript{2} by means of diagnostic and sequential needle aspirations of the antrum in infants who recovered without need of antrotomy. It must be admitted that an unknown, but high proportion of infants suffering from malnutrition, diarrhoea, and latent otomastoiditis may recover only with medical treatment. However, other patients did not tolerate ear infection so well and they present a remarkable resistance to treatment; their recovery is dependent on antrum surgery.\textsuperscript{3} Our present experience with such infants is confined to 16 cases, 13 of whom were submitted to antrotomy. In each of the 11 survivors the response to surgery was the same: clearing of diarrhoea within 4 days, disappearance of fever (when present) the following day, and rapid weight gain. In these cases clinical improvement is unlikely to have been

References

\textsuperscript{1} Salazar de Sousa J, Da Silva A, Da Costa Ribeiro V. Intractable diarrhoea of infancy and latent otomastoiditis. \textit{Arch Dis Child} 1980; 55: 937-40.

\textsuperscript{2} Kalmár I, Boda D. Otologic concern of infantile dehydration treated with continuous intravenous drip infusion (in Hungarian). \textit{Orvosi Hetil} 1952; 93: 121-3.
due to any factor other than antrotomy. In summary, we may have to deal with two sorts of infants: in the first, diarrhoea and latent otomastoiditis can be the unrelated sequelae of malnutrition and recovery from both can be achieved by nutritional improvement; in the second, latent otomastoiditis may perpetuate both the diarrhoea and the malnutrition and recovery be dependent on antrotomy.

I do not know why leucocyte counts were normal in the patients seen by Dr Alarcón but were consistently increased in ours. However, the relationship between leucocytosis and latent otomastoiditis was in no doubt, as shown by the rapid fall in leucocyte counts after antrotomy.

References