For the past 10 years we have treated more than 50 patients with 2 mg/kg day of prednisone in the first week and alternate day treatment with decreasing dosage for another five weeks. All responded with decrease of erythrocyte sedimentation rate and improved clinical condition. None of the patients had side effects related to steroid treatment, and no weight gain or Cushingoid facies were noted.

We recommend, therefore, that all patients with active rheumatic fever with carditis receive alternate day steroid treatment for a period of six weeks.

References


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Cleft palate and gonadotrophin deficiency

Sir,

We read with interest the paper by Tuohy and Franklin.1 Their patient had 'some degree of hyposmia' in addition to a cleft lip and palate, bilateral cryptorchidism, and isolated gonadotrophin deficiency.

We submit that these features correspond to the Kallmann syndrome, described in 1944.2 3 In this disorder, a developmental defect of the olfactory lobes is combined with an isolated gonadotrophin deficiency. Other defects include cryptorchidism, midline craniofacial abnormalities (cleft lip, cleft palate, or both) and deafness. The condition is classified by McKusick4 as either autosomal recessive, dominant or X-linked, with variable expression.

References


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Drs Tuohy and Franklin comment:

The subject's hyposmia was at worst mild when formally tested, whereas most males with the so called Kallmann syndrome have severe olfactory impairment. He was not eunuchoid, deaf, colour blind, or mentally retarded; nor did he have syndactyly. The case was sporadic and no first degree relative had any of the 'associated' abnormalities. The possibility that the degree of hyposmia could be a complication of the subject's nasal pathology, together with the lack of supporting evidence, detract from the diagnosis of Kallmann's syndrome.