

increase in nephritogenic strains circulating in our community. There have been no recent cases of rheumatic fever.

It is important that paediatricians should still consider the possibility of post-streptococcal glomerulonephritis. Children should be investigated in a thorough and consistent manner because as well as the acute problems an accurate diagnosis is essential for long term prognosis.²

References

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Sir,

We read the article by Leung *et al* with special interest because post-streptococcal glomerulonephritis is also the commonest glomerulopathy in our community.¹

In 1986, 57 children with acute post-streptococcal glomerulonephritis were referred to the Clinic for Children's Diseases in Skopje. (A Sajkovski, V Tasić, D Kuzmanovska. Acute post-streptococcal glomerulonephritis. Abstract presented at the Third Scientific Meeting of Yugoslav Nephrologists, Sarajevo, 1987: 75.) Two of them (3.5%) presented with hypertensive encephalopathy, nine (15.8%) with cardiovascular failure, and seven (12.3%) with uraemic syndrome.

In 1982 we saw 85 children with acute post-streptococcal glomerulonephritis, of these 26 (30.6%) had hypertensive encephalopathy. The analysis of factors associated with the high incidence of acute post-streptococcal glomerulonephritis in our community showed that most of the children lived in unhygienic and very bad social, economic, and educational conditions. Preceding streptococcal infections had not been adequately treated and the signs of acute nephritis were not recognised until late; hypertensive encephalopathy then followed. Pyoderma and scabies impetiginisata are still important aetiological factors for acute poststreptococcal glomerulonephritis. Although there are a lot of differences between our communities, we think that acute post-streptococcal glomerulonephritis is still a 'social' disease and Leung's overcrowded living conditions need much more explanation.

Reference

- ¹ Leung DTY, Tseng RYM, Go SH, French GL, Lam CWK. Post-streptococcal glomerulonephritis in Hong Kong. *Arch Dis Child* 1987;**62**:1075-6.

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Increased main urinary metabolite of prostaglandin F_{2α} excretion in childhood migraine

Sir,

We read with interest the paper by Salfield *et al* on the effects of dietary vasoactive amines in the aetiology of childhood migraine.¹ They found that dietary vasoactive amines did not influence childhood migraine.

We have not tried dietary manipulation but we measured plasma renin activity, plasma noradrenaline concentration, and 12 hour main urinary metabolite of prostaglandin F_{2α} (PGF-MUM) excretion in children with a history of migraine (n=43).² Children were divided into two groups: those with and those without headache at the time of investigation.

Urinary PGF-MUM excretion was significantly increased in children with headache (n=23) compared with those without headache (n=20) (1210 v 780 ng/12 hours, p<0.05); the plasma renin activity and noradrenaline concentration did not show any difference between the two groups.

These findings suggest that simultaneous study on both dietary manipulation and hormonal investigation especially on prostaglandins may be needed to clear the conflicting results on the role of vasoactive amines in the aetiology of childhood migraine.

References

- ¹ Salfield SAW, Wardley BL, Houlby WT, *et al*. Controlled study of exclusion of dietary vasoactive amines in migraine. *Arch Dis Child* 1987;**62**:458-60.
- ² Otsuka T, Uchiyama M, Shibuya Y, Sakai K. Main urinary metabolite of prostaglandin F_{2α} excretion in relation to urinary electrolyte excretion, urine flow and blood pressure in normal children. *IRCS Med Sci* 1985;**13**:14-5.

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