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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Increased main urinary metabolite of prostaglandin F2α 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 F2α (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 ± 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


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