

## References

- <sup>1</sup> O'Callaghan C, McDougall P. Infective endocarditis in neonates. *Arch Dis Child* 1988;63:53-7.
- <sup>2</sup> Oelberg DG. Endocarditis in high risk neonates. *Pediatrics* 1983;71:392-7.

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## Varicella gangrenosa

Sir,

We read with great interest the account of a case of varicella gangrenosa by Kidney *et al*<sup>1</sup> and would like to report our experience with a similar case associated with an unusual complication.

## Case report

A 3½ year old girl developed pain in her left leg eight days after chickenpox, when her chickenpox lesions were actually drying up. A couple of days later her parents noticed a few large, dark bruises appearing on her left leg. On examination she looked rather pale with a normal pulse rate and blood pressure. She had three large, dark, and tender ecchymotic areas on her left leg and similar, smaller lesions, one on each side, just above the ankle. The left leg was obviously swollen and she was unable to bear weight on that leg. Her peripheral pulses were normally palpable.

Initial investigations showed a mild anaemia (haemoglobin 100 g/l) with normal white cell and platelet counts. The prothrombin activity was reduced to 70%. Cephalin-kaolin time increased to 52 seconds and fibrinogen degradation products were >40 mg/l (normal <10 mg/l).

Despite fresh frozen plasma (10 ml/kg) her bruises increased in size in the 24 hours after admission. She was, therefore, started on prednisolone 2 mg/kg/day which seemed to control the spread of the skin lesions and the leg swelling. Her steroid dose was reduced, from the fourth day after admission, but on the fifth day she suddenly developed severe abdominal pain requiring a pethidine injection. She had tenderness in both renal angles and urine examination showed a few red blood cells but no protein. An intravenous pyelogram showed enlargement of both kidneys (left more than right). The right nephogram appeared immediately, the left slowly evolved over 5-10 minutes and the pyelogram on the left was also delayed, beginning to appear after 20 minutes. These findings added support to the clinical suspicion of a renal vasculitis and, probably, a renal vein thrombosis.

She failed to pass urine for 10 hours but, subsequently, produced urine normally. Blood pressure, urea, and electrolytes also remained normal. Plasma proteins and complement concentrations were normal and antiDNA antibodies were negative. Her symptoms quickly improved with intravenous dextrose saline infusion to maintain hydration, continued use of steroids, and intravenous ampicillin. We did not give anticoagulant treatment. The skin lesions became blistering after a few days; this was followed by thick eschar formation. This needed applica-

tion of streptokinase-streptodornase to remove the scab. It took about six weeks for the lesions to heal completely and they had left rather unsightly scars on the left thigh, tethered down to the underlying fascia.

## Reference

- <sup>1</sup> Kidney DD, Watson JBG, Nisar N. Varicella gangrenosa. *Arch Dis Child* 1988;63:444-5.

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## Very young children and the Family Fund

Sir,

When the Family Fund, which gives modest grants to families with severely handicapped children, started in 1973 its advisers almost ruled that no child under 2 years of age could satisfy the medical criteria.<sup>1</sup> Fortunately the possibility was left open and a small number of multiply handicapped babies, being nursed at home, have always been accepted.

In recent years, however, the Fund is receiving applications for and accepting as eligible an increasing number of such babies. In 1981 there were 920 applications on behalf of children under 2 and 50% of these infants were regarded as sufficiently handicapped to be eligible. By 1987 the number of applications had almost doubled and two thirds of them were accepted.

Developments in medical techniques and the increased possibility of litigation if a consultant is not seen to do his utmost to save life mean that more babies born with disabilities are surviving, and more who are born prematurely survive but develop disabilities in their struggle to hang on to life. More significant, from the point of view of the Family Fund, is the fact that such babies are often returned to the care of their parents, even when they require 24 hours nursing.

Research evidence has shown that there are considerable financial costs in caring for a disabled child at home,<sup>2</sup> and the government, in recently announcing the possible extension of attendance allowance to children under 2, has acknowledged that the actual problems of care of such a child are significantly more than that of a normal baby.<sup>3</sup> It is vital that professionals should realise that the Family Fund has always recognised this and that families are not discounted because the child is not yet 2 years old

## References

- <sup>1</sup> Bradshaw J. *The Family Fund*. London: Routledge and Kegan Paul, 1980.
- <sup>2</sup> Baldwin S. *The costs of caring*. London: Routledge and Kegan Paul, 1985.