Non-steroidal anti-inflammatory drugs may predispose to invasive group A streptococcal infections.

EDITOR—The suggestion that ibuprofen should be considered as an alternative to penicillin for the treatment of fever in young children warrants caution. There have been numerous reports suggesting an association between the use of non-steroidal anti-inflammatory drugs (NSAIDs) and the progression to severe invasive group A streptococcal infections, including necrotising fasciitis. NSAIDs may also mask important clinical features that may help in the early recognition of invasive group A streptococcal disease.

Prompt diagnosis and treatment of group A streptococcal infection has become increasingly important as there has been a worldwide resurgence in invasive group A streptococcal disease since the mid-1980s with the emergence of strains of increased virulence.

Recently, it has been proposed that the underlying biochemical basis for the possible link between the use of NSAIDs and invasive group A streptococcal infection is the ability of NSAIDs to inhibit neutrophil function to enhance cytokine (particularly tumour necrosis factor) production. In addition, by masking cardinal signs of inflammation, such as myalgia, arthralgia, erythema and localised swelling, these agents may delay the recognition of invasive group A streptococcal infection until signs of shock and multiorgan failure are apparent. This hypothesis may also apply to staphylococcal toxic shock syndrome.

Varicella is an important predisposing factor for both invasive group A streptococcal and staphylococcal infections in immunocompetent children. NSAIDs may be particularly dangerous in this context: their use has been associated with the progression to necrotising fasciitis and toxic shock syndrome.

Antipyretics play an important part in the management of febrile young children with non-specific signs in whom the diagnosis is unclear. However, the possibility that NSAIDs may facilitate the infection of group A streptococci should limit the use of these agents in patients with varicella or in those in whom the cause of fever is not known.

NIGUEL CURTIS
Paediatric Infectious Disease Unit, Department of Paediatrics, Imperial College School of Medicine at St Mary’s, Queen Elizabeth the Queen Mother Wing, South Wharf Road, London W2 1NY

BOOK REVIEWS


Updating Common Symptoms of Disease in Children by R S Lillingworth, this book follows a symptomatic as opposed to a system approach. For each of the 185 symptom (sign) headings a list of causes is followed by a list, giving a brief account of the conditions listed.

In an attempt to be thorough, many of the lists are lengthy and daunting not only to the medical student but also to the experienced paediatrician. Some attempt has been made to subdivide the causes but further subdivision would have supported the problem-solving approach.