Archives of Disease in Childhood 1996;75:547


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 paracetamol 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 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 functions and enhance cytokine (particularly tumour necro- sis factor) production. In addition, by masking cardinal signs of inflammation, such as myalgia, arthralgia 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.

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Updating Common Symptoms of Disease in Children by R S Ilingworth, 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 an index, 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 solv-