

Table 1 Investigations performed

Differential diagnosis	Results
Food allergy	Positive patch test to soya (papules and erythema), mildly positive to wheat and egg (papules and mild erythema) Total serum IgE normal 2.27 kU/l, specific IgE to cows milk, egg and soya all normal <0.35 IU/ml
Coeliac disease	Normal IgA level 0.24 g/l and IgA antiTTG 2 U/ml
Hereditary angioedema	Normal C3, C4, C1 esterase inhibitor level and function
Malignancy	Excluded by intestinal histology
IgA heavy chain disease	Normal serum electrophoresis and immunofixation
Immunodeficiency such as combined variable immunodeficiency (CVID)	Normal immunoglobulins and lymphocyte phenotypes (CVID difficult to diagnose under 2 years)
Hyper IgM syndrome	Normal IgM
Autoimmune lymphoproliferative syndrome (ALPS)	Normal TCR α/β CD4(-)/CD8(-)
Infection	Excluded by microbiology and histology
Sarcoidosis	Normal ACE levels

some children with recurrent intussusceptions and warrants consideration.

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BOOK REVIEW

Oxford handbook of paediatrics

Edited by Robert Tasker, Robert McClure, Carlo Acerini. Published by Oxford University Press, Oxford, 2008, pp 1096, £24.95 (flexicover). ISBN 13: 978-0-19-856573-4



It's changeover day, you're on the special care baby unit for the first time ever, your registrar runs off to clinic, the folder of yellowing guidelines has several pages missing and the hospital website won't let you onto gnotebook.com. What you want is the paediatric

equivalent of the "cheese-and-onion" (*Oxford handbook of clinical medicine*) to help steer you through the rapids of paediatrics.

Oxford University Press have finally come up with a handbook for paediatrics (they've got one for virtually everything else), targeted at junior doctors to help them through their "first steps" in the specialty. Other paediatric handbooks exist but often fall short. Some omit neonatology, some are too complex (and heavy), and others don't have proper management plans or useful drug doses. But in what is one of the last genuinely "general" specialties, condensing a vast amount of information on anything from the arcana of metabolic medicine to frontline management of wheezing children is a considerable challenge. The editors of this new handbook have – almost – succeeded.

My ideal handbook would:

- ▶ give simple advice on the management of common emergencies,
- ▶ give safe advice on common problems faced in A&E without necessarily troubling your registrar, who's currently tied up with a 24-weeker on the labour ward, and
- ▶ provide brief information on rarer conditions for when you are faced with a child who is admitted to the ward with a setback on their journey through chronic illness.

The emergency treatment section is symptom based, with references to more detailed pages for possible causes in the list of differential diagnoses. There is a clear management plan for a child presenting with diabetic ketoacidosis (DKA), a common enough problem but with complex fluid management and monitoring that I found challenging on my first stints in A&E. The handbook takes you through a diagnosis of DKA (so you don't hear your registrar sigh when you say excitedly "it's DKA" and then tell her the pH is 7.35), what investigations are needed and how to safely resuscitate the patient.

The chapters on the management of asthma are good for clinic (with some good revision points for membership exams), but I couldn't find advice on the management of severe and life-threatening asthma, a staple of the emergency department where I've worked. Having resuscitation algorithms, emergency drug doses and normal values on each of the inside covers – as is done in other handbooks – would also be useful as these take time to find in the current edition.

There are many useful entries that help you as a junior to make safe decisions. Most of us are thrown in at the deep end when starting the dreaded week of baby checks and the handbook not only gives succinct guidance on how to do this much maligned examination properly but also contains several pearls in the chapter "Normal variations and minor abnormalities".

The handbook is packed with information on less common conditions. The page on polyarteritis nodosa provided a useful summary when a patient turned up on the ward with a complication of this condition and needed clerking. There are excellent colour pictures of rashes and the paediatric surgery chapter gets full marks for the line diagrams which help visualise common surgical conditions, and for practical advice on perioperative management.

There could have been more diagrams elsewhere in the book. Sample ECGs are useful not only for exams but also as an aide-memoire when analysing them (we don't see as many ECGs as our colleagues in adult medicine). Respiratory function graphs would be helpful too. A few snatches of literature and serendipity tucked away here and there, as in the "cheese-and-onion", would have lightened what can be a bit of a dry read at times. But overall, this is the book I want in my back pocket on changeover day, even if at over a thousand pages, it'll be a bit of a squeeze.

C K Bird

NOTICE OF DUPLICATE PUBLICATION

doi:10.1136/adc.2007.131045

M L Garcia Garcia, C Calvo, F Pozo, *et al.* "Detection of human bocavirus in ill and healthy Spanish children." A 2-year study. Published Online First 1 August 2008. doi:10.1136/adc.2007.131045

This paper has significant overlap with "Clinical characteristics of human bocavirus infections compared with other respiratory viruses in Spanish children" by C Calvo, M L García-García, F Pozo, *et al. Pediatric Infectious Disease Journal* 2008;**27**:677–80, and has been withdrawn from publication in *Archives of Disease in Childhood*.