

Correspondence

Neonatal Salmonella Meningitis

Sir,

We read with interest the case report Neonatal Salmonella Meningitis, in the letter to editor column of your Journal.¹ There are certain areas where we differ with the authors. World Health Organization defines a neonate up to the age of 28 days and an infant from one month up to age of one year.² As the age of patient described in case report is three months, so this is a case of infantile salmonella meningitis. Incidence of salmonella bactremia has been estimated to be 6% in infantile pediatric population as reported by Torry et al.³ Serious consequences of blood stream invasion in young infants include meningitis, osteomyelitis and failure to thrive. Recurrent bacterial infections occur commonly and various organisms include are Staphylococcal, Streptococcal pneumoniae, hemophilus influenzae and salmonella species. Severely symptomatic conditions include recurrent serious bacterial infections. Nontyphoidal salmonella septicemia is a known entity to occur in patients with immune compromised status like newborns and patients positive for HIV infection.

Since the patient was readmitted within a period of two weeks with the same disease, so most likely the possibility is metastatic abscess or continuing infection. During the first admission there is no mention whether the blood and cerebrospinal fluid were repeated for culture-sensitivity, that would have determined the duration of the treatment, and even CT scan should have been carried out. There is no mention about growth parameters and feeding pattern that has direct bearing with the disease. We agree with the authors that the meningitis due to salmonella is rare in the Arab pediatric population.^{4,5}

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Reply from the Author

Author declined to reply.

References

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The characteristics of systemic lupus erythematosus

Sir,

I read with some astonishment the above article by Dr. Mansour F. Karadsheh et al, in March edition of SMJ.¹ I wish to point out some of the errors in the paper. There was a wrong entry of the numbers of my previous publications into the text of the second paragraph of discussion, where numbers 16 and 17 appeared instead. In the same paragraph, the authors were somewhat inaccurate in their statement concerning the number of papers published from the UAE on lupus. Myself and colleagues have published two more papers on SLE in 1998^{2,3} and have been available on the Medline for a long time. The authors have unfortunately misquoted some of our data. For example, alopecia was well documented in Arabs in reference 17⁴ as it occurred in 33% of the patients. They wrongly indicated that such a feature was not reported or referred to in our publications (line 50, page 285). They also missed out the prevalence of photosensitivity of 33.5% that had been reported previously in reference 18.⁵ Another major error was in line 1, page 285, where they indicated that "no neuropsychiatric complications were noted in the UAE studies". I think, they unjustifiably skipped important data on this issue which were clearly given in both publications. These complications occurred in 39% of the patients in one study (ref 17)⁴ and in between 7-25% in the other study (ref 18).⁵

Regardless of other aspects of SLE addressed in this paper, the authors appeared very selective in the comparison of their data to others and in many ways

the text appeared patchy and fragmentary. Such attitude in my opinion has weakened their paper further.

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Author declined to reply

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