

CORRECTIONS

doi: 10.1136/adc.2002.021147corr1

Gupta A, Patel R, and Dyke M. Cost effective use of blood satellite packs in neonates: importance of birth weight. *Arch Dis Child Fetal Neonatal Ed* 2004;**89**:182–3. Dr Dyke's and Dr Gupta's affiliation was incorrectly listed as Derriford Hospital, Plymouth, Devon, UK. The authors would like to point out that their work was initially carried out at

the Norfolk and Norwich (University) Hospital, Norwich, UK.

doi: 10.1136/adc.2003.030460corr1

A Evans, J Natarajan, C J Davies. Long line positioning in neonates: does computed radiography improve visibility? (*Arch Dis Child Fetal Neonatal Ed* 2004;**89**:F44–5). The authors would like to correct the author affiliations at the end of this article. Dr A Evans works at University Hospital of Wales, Cardiff, Wales, UK, and Drs J

Natarajan and C J Davies work at the Royal Glamorgan Hospital, Llantrisant, Wales, UK.

doi: 10.1136/adc.2002.020735corr1

J Daniels, F Craig, R Wajed and M Meates. Umbilical granulomas: a randomised controlled trial (*Arch Dis Child Fetal Neonatal Ed* 2003;**88**:F257). The page number provided in the reference of this letter is incorrect and should be F431–4.

IMAGES IN NEONATAL MEDICINE.....

Renal fungal ball

Preterm infants are prone to fungal infections because of immaturity of their host defence systems (immunology and skin). Other risk factors include multiple antibiotic therapy, prolonged use of umbilical or percutaneous catheters, total parenteral nutrition, colonisation and/or past mucocutaneous candidiasis, low birth weight, endotracheal tube placement, and congenital malformation.

Common sites for invasive candidiasis are the renal system, eyes, brain, and heart. Diagnostic tests should include blood and urine cultures, renal ultrasound, ophthalmological assessment, cardiac ultrasound, and examination of cerebrospinal fluid.

Candiduria may indicate colonisation, but the presence of other clinical signs increases the risk of invasive candidiasis. Fungal ball is the commonest presentation of renal fungal disease.¹ Clinical presentation may vary and can be obstructive, or non-obstructive, with renal failure.

A baby born at 28 weeks gestation was known to be colonised with *Candida* spp in the first weeks of life. The mother had declined routine antenatal care. The baby was ventilator dependent, with umbilical lines and received multiple broad spectrum antibiotics for possible bacterial sepsis.

After one month the baby developed thrombocytopenia and renal impairment. A renal ultrasound confirmed the presence of a solitary kidney with an echogenic mass.

Limited postmortem examination revealed multiple abscesses in the renal parenchyma, which grew *Candida albicans* only.

Invasive fungal infections in very low birthweight babies are currently the subject of a BPSU study (<http://bpsu.inopsu.com/current.htm#Invasive>).

M Wimalendra
A Reece
R M Nicholl

Neonatal Unit, Northwick Park Hospital, North West London Hospitals NHS Trust, Harrow HA1 3UJ, UK; Richard.nicholl@nwlh.nhs.uk

REFERENCE

- 1 Bryant K, Maxfield C, Rabalais G. Renal candidiasis in neonates with candiduria. *Pediatr Infect Dis J* 1999;**18**:959–63.



Figure 1 Solitary kidney with echodensities.



Figure 2 Gross pathology, showing multiple fungal abscesses.