

IVU and DMSA scan and found the DMSA scan more sensitive for detecting established pyelonephritis in older children.⁴

It is now my practice to arrange a DMSA scan before a cystogram in all children over 1 year of age. There is no doubt that a DMSA scan is less traumatic to the child (and the radiologist) than a cystogram and should therefore be placed earlier in the diagnostic sequence. An abnormal DMSA scan is an absolute indication to proceed to a cystogram as more than two thirds of the children will have reflux. If the DMSA scan is normal reflux will be a rare event and probably of little long term significance, but a careful prospective study would be required to establish this point. In the meantime, I would urge paediatricians to request DMSA scans from their radiologist colleagues who will probably be delighted to carry out these relatively non-

invasive tests particularly if such a change in policy results in fewer cystograms in the toddler age group.

References

- ¹ White RHR. Management of urinary tract infection. *Arch Dis Child* 1987;**62**:421-7.
- ² Haycock GB. Investigation of urinary tract infection. *Arch Dis Child* 1986;**61**:1155-8.
- ³ Meller ST. Focal bacterial nephritis in infancy: scintigraphic appearances. *Nuc Med Commun* 1982;**3**:111.
- ⁴ Merrick MV, Uttley WS, Wild SR. The detection of pyelonephritic scarring in children by radioisotope imaging. *Br J Radiol* 1980;**53**:544-56.

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Corrections

When not to do a lumbar puncture

In the annotation entitled 'When not to do a lumbar puncture' by DP Addy (*Arch Dis Child* 1987;**62**:873-5) we apologise that the meaning of some sentences in the published version were not clear. The original version follows.

Page 874. Second sentence of second paragraph:

Treatment including chloramphenicol will usually be adequate in meningitis caused by any of the usual three organisms.¹¹

Page 874. Final sentence of left-hand column:

Whilst it may be wise to remove only a small amount of CSF when diagnostic lumbar puncture is performed, 'careful' lumbar puncture is not the answer since CSF leak through the punctured meninges may persist after the procedure.

Page 874. Third sentence of fourth paragraph:

Fundal signs of raised pressure are not to be relied

upon but evidence of incipient coning would make lumbar puncture a foolhardy procedure.

Page 875. Penultimate paragraph:

I shall consider treatment without lumbar puncture: when the diagnosis of meningitis seems clear and the child is very ill, **or** has a typical purpuric rash, **or** there is fundoscopic evidence of raised pressure, **or** there is impairment of consciousness, **or** there are other signs of incipient coning, **or** the child has been ill for several days.

Acarboxyprothrombin activity after oral prophylactic vitamin K

In the paper 'Acarboxyprothrombin activity after oral prophylactic vitamin K' by von Kries, Kreppel, Becker, Tangermann, and Göbel (*Arch Dis Child* 1987;**62**:938-40) we apologise that the word 'activity' should have been published as 'concentration' throughout the paper.