

PostScript

LETTERS

Steroids in Henoch-Schonlein purpura and abdominal pain

We read with interest the article "Should children with Henoch-Schonlein purpura and abdominal pain be treated with steroids?" by Haroon.¹ Considering the low incidence of Henoch-Schonlein purpura (HSP) in children (20.4 per 100 000 children in the United Kingdom, and 12.9 per 100 000 children in Taiwan),^{2,3} a randomised controlled trial in a large cohort would be difficult to conduct. Haroon¹ reported that previous case reports and retrospective analyses showed an improvement in pain when steroids are given to patients with HSP and abdominal pain.

Severe abdominal pain has also been reported to be associated with the renal involvement of HSP. Steroids may reduce abdominal pain in children with HSP, but there has been no report on the preventive effect of steroids on the renal involvement in HSP children with severe abdominal pain. Furthermore, a recent prospective, randomised, double blind, placebo controlled study by Huber and colleagues⁴ showed that early prednisone therapy did not reduce the risk of renal involvement or gastrointestinal complications at 1 year when 21 patients who received oral prednisone for two weeks were compared with 19 patients who received placebo, although the number of study population is small. In some cases, severe abdominal pain is poorly controlled by oral prednisone and may require methylprednisolone pulse therapy.⁵ Therefore, the use of steroids should be performed according to the characteristics of an individual patient with HSP and a large cohort study should be performed to elucidate the role of steroids in HSP children with abdominal pain.

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Dapsone therapy for Henoch-Schonlein purpura

We read with interest the article "Dapsone therapy for Henoch-Schonlein purpura: a

case series" by Iqbal and Evans.¹ They reported the clinical course of eight children with Henoch-Schonlein purpura (HSP) treated with dapsone due to the severity or persistence of their symptoms. All gained clinical response from treatment, but six relapsed after treatment was stopped, and nephritis was observed in five patients. They suggested that dapsone could control cutaneous vasculitis rather than cure it. Recently, persistent purpura has been reported to be associated with the renal involvement of HSP.² Rigante *et al* reported that relapsing disease was also significantly related to persistent purpura, but they could not explain the association between renal involvement and relapse.³ We reported that patients with relapse had higher trend for developing nephritis.⁴ Nevertheless, Iqbal and Evans¹ could not show a beneficial effect of dapsone on renal disease, which might be a limitation of this drug, although it might suppress the generation of toxic free radicals in neutrophils and synthesis of IgG and IgA antibodies.

We have also used dapsone in 15 children (age 2.7-11.2 years; 12 boys, 3 girls) with HSP during the past 10 years and obtained a similar response to the results of Iqbal and Evans.¹ There was a positive effect of dapsone on the skin rash, but six children relapsed and five developed nephritis. Therefore, the use of dapsone should be reevaluated in children with HSP; although it can control cutaneous vasculitis, it has no positive effect on relapse or nephritis, which determine the prognosis of HSP.

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Inflicted head injury in infants: issues arising from the Geddes hypothesis

Richards and colleagues¹ are to be commended for condensing the essence of the complex issues argued before the Court of Appeal last year, and for making eminently sensible suggestions for the role of doctors in the future. However, there are some matters that are a proper cause for concern that remain to be addressed.

Firstly, there is the manner in which contentious medical hypotheses are put before the lay public. No person who has

ever spoken to the Press will be unaware of the fact that he/she has no control over what subsequently appears in print or over the airwaves. Whereas one might wish that the Press would ask the question "Is this good science?", before launching into headlines such as "Gentle shaking 'may kill babies'",² "Gentle shaking can cause fatal brain damage in babies, research shows",³ and "Even mild shaking 'puts baby at risk': research could aid appeals against child killing convictions",⁴ the prudently astute doctor will appreciate that the prime objective of a news editor is to sell his story. If, as has been asserted, learned articles contain the basis of a hypothesis merely "meant to stimulate debate",⁵ then the authors of those articles must surely have a duty to correct any recital of their work that puts it higher than they had intended.

Secondly, the three papers that constituted the "unified hypothesis" raise questions as to the quality of the peer review process to which they were subjected prior to publication. In particular, as pointed out elsewhere,⁶ the second of these papers contained a statement that could not be supported by the data, namely "... it may not be necessary to shake an infant very violently to produce stretch injury to its neuraxis". It is remarkable that such an unfounded assertion, carrying powerful implications, was permitted to go forward in a distinguished scientific journal. It would be of interest to learn whether the first two papers were reviewed prior to publication by any practitioner who had clinical care of babies and infants in life. As to the third paper, it should have been apparent to the reviewers that the viability of the "unified hypothesis" espoused therein was dependent on the credibility of the assertions made in the first two papers, yet even at this point, by which time there was open controversy, the matter went apparently unchallenged.

Thirdly, it is noted that despite frequent challenges to the scientific validity of the "unified hypothesis" from most of the relevant disciplines, in scientific and in medico-legal fora, it was not until the matter came before the Court of Appeal that there was any hint of an acknowledgement that the hypothesis was flawed. The reliance that was being placed on their publications can hardly have escaped the notice of the authors of the hypothesis. Notwithstanding the representation made to the Court of Appeal by the lead author that she "would be very unhappy to think that cases were being thrown out on the basis that my theory was fact",⁵ the practical effect of the papers was to introduce a suggestion of reasonable doubt in an unknown number of cases in criminal and civil proceedings, as must have been known to the authors over a number of years. Yet where in a scientific journal, are we to read a glimmer of doubt, let alone a retraction, prior to the Court of Appeal hearing? Or how long the authors had had it in contemplation that their hypothesis was wrong? It is difficult to accept that no such inkling had arisen until the hearing. It is a sad day for medical science if mature reflection that leads to an amended view only comes to light under the rigours of cross-examination.



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