

Notices

Avis

Interactive surgical symposium

The Mayo Clinic is sponsoring the Mayo Interactive Surgical Symposium from Feb. 17 to 19, 2000, at Marriott's Camelback Inn Resort, Golf Club & Spa, 5402 East Lincoln Dr., Scottsdale AZ 85253. For further information contact Kristin Eberhard, Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale AZ 85259; tel 480 301-7552, fax 480 301-8323.

Urogynecology

The ninth annual course on urogynecology and disorders of the female pelvic floor, sponsored by the Mayo Clinic Scottsdale, will be held Apr. 6 to 8, 2000, at the Royal Palms Hotel & Casitas, 5200 East Camelback Rd., Phoenix, Ariz. The course director is Dr. Jeffrey L. Cornella. The course will provide an understanding of the anatomy and pathophysiology of the pelvic floor essential for the prudent treatment of associated disorders. Credits: AMA Category I and ACOG. For further information contact Maree Stone, CME Department, Mayo Clinic Scottsdale, 13400 East Shea Blvd., Scottsdale AZ 85259; tel 480 301-7564, fax 480 301-8323.

Foot and ankle symposium

The Fourth Biennial Foot & Ankle Symposium, sponsored by the Department of Surgery, University of Toronto, will be held on Apr. 8 and 9, 2000, at the Medical Sciences Building, Auditorium, University of Toronto, 1 King's College Circle, Toronto. Credits: MOCOMP, Type II, AMA Category I. For further information contact Continuing Education, Faculty of Medicine, University of Toronto, Rm. 121, 150 College St., Toronto ON M5S 3E2; tel 416 978-2719, fax 416 971-2200, a.lind@utoronto.ca

lescent, I take exception to certain aspects of the treatment. The authors were presented with a child who had a late diagnosis of septic arthritis. I question their decision to close the wound, remove the suction drain after 2 days and treat with only a 6-day course of antibiotics intravenously. Although this treatment may be appropriate after prompt diagnosis and management of acute septic arthritis, I think it is unwise to manage delayed infections in this fashion. A more aggressive, yet conservative, approach of leaving the wound open over drains and then returning the patient to the operating room 24 to 48 hours later for a second look and repeat drainage followed by a 4- to 6-week course of antibiotics intravenously might have prevented the recurrent infection that this boy suffered 2 weeks after discharge. It is not clear whether the slipped capital femoral epiphysis was related to the original infection or to insufficient treatment of the infection.

Regardless of the slipped capital femoral epiphysis, which certainly makes for an interesting case report, I believe that most pediatric orthopedists would agree that treatment of a septic hip presenting relatively late should be different from the treatment of a septic hip that is promptly diagnosed. Indeed, I have observed that septic hips in adolescents tend to be associated with a worse prognosis and present in a more delayed fashion than those in younger children.

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Dr. Wright replies

Dr. Herzenberg has suggested that a return to the operating room and a 4- to 6-week course of antibiotics intravenously would have prevented the recurrent infection in the boy reported in our article (*Can J Surg* 1999;42[2]:145-8). This boy was initially treated with an arthrotomy, and a window was made in the capsule of the hip. Only the subcutaneous tissues were closed, and a closed suction drainage tube was placed in the hip to drain recurrent collections. We generally judge the duration of intravenous antibiotic therapy on clinical grounds, and the patient's clinical response. We do not favour the prolonged use of antibiotics intravenously for soft-tissue infections, such as joint arthritis, believing that sufficient oral doses in compliant patients are equally effective.

Almost immediately postoperatively, this boy was weight bearing. His fever resolved and his range of motion improved. In retrospect, in this particular patient, perhaps a longer course of intravenous therapy might have been helpful, but at the time he seemed to have responded well. Although septic arthritis in older children is substantially more complicated and treatment is more difficult than in younger children with a short course, it is uncertain whether a return to the operating room or a longer course of intravenous antibiotics would have made any difference in this boy's outcome.

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