

Letters to the Editor

Chloral hydrate and middle ear pressure

Dear Sir,

The view expressed in this paper (June) 1991, 105, 421-423 was that chloral hydrate after administration may have formed a volatile substance that appeared in the middle ear and raised middle ear pressure significantly. Unfortunately, this paper failed to specify the position in which the middle ear pressure was measured in children. One can assume that the initial measurement was taken from children sitting upright and that subsequent measurements were made in the sedated children when lying down. Such a gross change in body position from erect to supine is associated with a rise in jugular venous pressure. This has previously been shown to reduce Eustachian tube function (Rundcrantz, 1969). This postural change has also been shown to be associated with a rise in middle ear pressure (Grontved *et al.* 1990; Knight and Eccles 1991).

It is, therefore, possible that the observed middle ear pressure changes recorded depended upon a change in posture influencing middle ear pressure rather than the effects specifically of chloral hydrate.

Yours faithfully,

L. C. Knight,
Registrar,
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Heath Park,
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References

- Grontved, A., Krough, H. J., Christensen, P. H., Jensen, P. O., Schousboe, H. H., Hentzer (1990) Monitoring middle ear pressure by tympanometry. A study of middle ear pressure variation through seven hours. *Acta Otolaryngologica*, 18: 101-106.
- Knight, L., Eccles, R. (1991) The effect of postural change and upper respiratory tract infection on middle ear pressure. *Acta Otolaryngologica* (in press).
- Rundcrantz, H. (1969) Posture and Eustachian tube function. *Acta Otolaryngologica*, 68: 279-291.

Reply:

Dear Sir,

It is quite right that the initial measurement was taken from the children sitting up right (*held in the lap of their parents*), also, *the subsequent measurements were made in the same position* after taking the children back to the room of tympanometry. On the other hand, the time between the initial and the subsequent measurements is not enough to raise the middle ear pressure to more than 200 mm H₂O if the children were lying down.

It is true that the supine position reduces the Eustachian tube function a little bit, along hours and even days but not minutes. I never heard that the people wake up in the morning with pressure feeling in their ears.

Anyway, this was not the case in my work. Also, Eustachian tube dysfunction causes negative middle ear pressure.

Yours faithfully,

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Kikuchi's necrotizing lymphadenitis

Dear Sir,

We were very interested to read the article on Kikuchi's necrotizing lymphadenitis (*Journal Laryngology and Otolology*, June 1991) as we have recently seen a 67-year-old man who was diagnosed as having Kikuchi's disease in January 1991 following biopsy of a cervical node mass. He was referred to the ENT Department in May with a feeling of a lump in throat and one episode of haemoptysis. Pharyngoscopy revealed a smooth swelling in the base of the tongue and this was shown to be a high grade lymphoma on subsequent histological examination.

We would therefore like to emphasize that whilst Kikuchi's disease may mimic lymphoma, the opposite may also be true and be of greater importance to the patient.

Yours faithfully,

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Reply:

Dear Sir,

This case from St Mary's is interesting in two ways.

Firstly, as the authors point out, it may show that a lymphoma can mimic Kikuchi's. The relative rarity of Kikuchi's compared with lymphoma should make this mistake an uncommon one in most departments of histopathology; indeed the main purpose of our article was to draw attention to this rare and probably underdiagnosed cause of cervical lymphadenopathy.

Secondly, and it is difficult to tell from the case history provided, it may show that Kikuchi's could progress to lymphoma. Was the original cervical node biopsy reviewed and found to contain lymphoma, or was it still histologically a case of Kikuchi's?

Yours faithfully,

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