

Tomato and orange can take care of vitamins. Spices are required for taste buds and adults. Children's food items can be and were managed without, in our study. All credit to motivated mothers.

Despite all the food allergen avoidance, 30% were not benefited. But look at the bright side - 70% were definitely benefitting. Reasons of failure in the 30% could be lack of compliance or children getting fed lip with the dietary restrictions and rebelling against them.

We are really glad that our article created interest in the minds of readers and set this debate rolling. We are interested in food allergens avoidance.

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REFERENCES

1. Sarpotdar VG. Avoidance of food allergens in childhood asthma. *Indian Pediatr* 2005; 42: 963-964.
2. Paul Y. Avoidance of food allergens in childhood asthma. *Indian Pediatr* 2005; 42: 964.

Editor's note: *Dr. Agarkhedkar's reply to Dr. Sarpotdar and Yash Paul's comments on his manuscript could not be published simultaneously in earlier issues, due to a communication gap.*

More Steps Needed to Tackle Authors Who Do Not Respond

We read with great interest the correspondence between Dr. Paul and the Editorial Board regarding the dilemma that arises both for the readers and for the journal when there is no response from authors to pertinent queries made on their article(1,2). We agree with the Editorial Board that failure of authors to respond to a query cannot be a valid reason for the journal to withdraw an article which has already been considered worthy of publication after peer-review. Also, the Editorial Board has taken the right decision to print the queries even though there was no response from the authors.

Most often authors do respond to queries that are raised against their article, as this gives them an opportunity to clarify an issue and defend their work. At times, their reply also gives them an opportunity to inform the

readers details of their work which had not been published earlier due to limitations of text length. However, sometimes authors just do not respond, the reasons could be related to: (i) logistical problems (for example, loss of original data or lack of communication amongst various investigators), (ii) lack of interest or paucity of time for drafting a reply, (iii) lack of incentive (authors' reply are not considered as a separate publication and are therefore not listed separately on PubMed), or (iv) genuine inability to respond to a very pertinent query and to therefore defend their work. It is the last reason that is a cause for worry. As readers, we would be concerned if a journal encounters several such instances of non-response. Does it mean that non-defensible articles are getting through the peer-review process? Such instances might create doubts in the minds of the readers about the quality of articles published in the journal in general and this could tarnish the exalted image of the journal.

We think that more needs to be done to avoid such situations in the future. To discourage authors from not responding to a pertinent query the authors should be informed that the query has been considered as pertinent and that it would be published, even if they choose not to respond. To decide whether the query is pertinent the journal can have an expert committee or seek the help of the reviewers of the article. Also, the journal website should be constructed in such a manner that the query once published is linked to the article and the fact regarding authors' non-response should be mentioned at the end of the article itself. This would alert the readers who read the article from the website and they would be then able to draw their own conclusions about the quality of the article.

Abscess of the Nasal Septum with Staphylococcal Scalded Skin Syndrome

A 10-year-old boy from a Tsunami rescue camp was brought to our hospital with history of high grade intermittent fever for one week. At admission, he was looking depressed, not talking but obeying commands. He was febrile and there was marked peeling of his palms and soles. His respiratory rate was normal and his lungs were clear on auscultation. The other systems were also normal on examination. A diagnosis of staphylococcal scalded skin syndrome was considered based on the extensive exfoliation. However, there was no obvious focus of infection, except for a slightly abnormal broad nose. Examination of the nose revealed a tense bulging nasal septum and a

The editors should also consider if it is possible to publish authors' reply requiring detailed response under a new title so that it could be listed on PubMed as a separate publication.

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REFERENCES

1. Paul Y. What should be done when authors do not respond. *Indian Pediatr* 2006; 43:85-86.
2. Editorial Board. Reply. *Indian Pediatr* 2006; 43: 86.

diagnostic aspirate yielded thick pus from which *Staphylococcus aureus* was later isolated. The septal abscess was drained under general anesthesia. Intra operative examination revealed a near total necrosis of his membranous septum. He was adequately treated with intravenous cloxacillin for two weeks and discharged home in a healthy condition. Appropriate psychotherapy and antidepressants were also provided. The final diagnosis was abscess of the nasal septum with staphylococcal scalded skin syndrome and post traumatic stress disorder. Probably he had sustained a hematoma of the nasal septum during the tsunami which subsequently got infected with staphylococcus. As he was depressed, he never revealed the pain in his nose and the septal abscess was missed early.

Nasal septal abscess (NSA) is uncommon among children. Nasal obstruction, throbbing