

diagnosed CD 20+ NHL treated with chemotherapy + rituximab comparing with historic controls who received only chemotherapy, author had clearly concluded stating further randomized trials are required before adding rituximab to standard chemotherapy [5]. The MabThera package information clearly states the safety and efficacy of MabThera (Rituximab) in children has not been established [6].

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Diagnosis of Ventilator-associated Pneumonia: Safety First

The article entitled 'Clinical Pulmonary Infection Score to diagnose ventilator-associated pneumonia in children' makes interesting reading [1].

A variety of sampling techniques can be used to obtain a bronchial sample for culture and it is not always necessary to use a bronchoscopic BAL to confirm the diagnosis [2,3,4]. This assumes greater significance in infants ventilated with smaller endotracheal tubes (ETTs) as it is not possible to pass the bronchoscope through these ETTs. In the study mentioned above, the authors have used an LMA to pass the bronchoscope in such infants to obtain a BAL. Such a procedure of replacing an ETT in a child requiring mechanical ventilation with an LMA for a diagnostic procedure is fraught with danger and cannot be universally recommended. In fact, the LMA is relatively contraindicated for bronchoscopy in patients in whom endotracheal intubation and intermittent positive pressure ventilation offers a safer alternative [5]. The absence of complications in this particular study cannot justify this practice.

Alternative methods of obtaining uncontaminated lower airway samples for culture such as a mini-BAL, blind bronchoscopic sampling and non-bronchoscopic BAL are acceptable for routine clinical practice [3,4] and can be used safely in ventilated infants.

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