Letters to the Editor

Cost of Antibiotic/steroid ear drops

Dear Sir,

I would like to comment on the article ‘Antibiotic/steroid ear drop preparations: a cost effective approach to their use’ which appeared in the Journal in November 1990.

I am surprised that Betnesol N is not considered suitable for the treatment of infection with Pseudomonas aeruginosa, and that Gentisone H. C. is considered the least expensive preparation to be most effective.

A computer search in the bacteriology department of this hospital yielded 102 isolates of Ps. aeruginosa from ear swabs in the calendar year 1990. Of these eight were resistant to both Neomycin and Gentamicin, four to Neomycin but not Gentamicin and four to Gentamicin but not Neomycin. All were sensitive to Polymixin B/Colistin. These figures suggest that Neomycin and Gentamicin are equally effective against Ps. aeruginosa, so that on purely cost grounds Betnesol N would be the preparation of choice.

Secondly, resistance in vitro does not necessarily mean that the antibiotic will not be effective in vivo, as the concentration achieved in the ear is many times greater than that on the culture plate. For example, in the last two months I have successfully treated two patients with Betnesol N despite culture results showing resistance to Neomycin.

The first was a 68 year old woman with a longstanding central perforation of the right tympanic membrane, velvety middle ear mucosa and a profuse mucopurulent discharge from which a Neomycin-resistant Pseudomonas was cultured. Nevertheless the ear was dry when reviewed after two weeks of Betnesol N, three drops tid.

The second was a 50 year old man with otitis externa, again due to Ps. aeruginosa which was resistant to Neomycin on culture. This ear also was found to be inactive after three weeks treatment with Betnesol N.

There is a belief that topical Neomycin is prone to causing hypersensitivity reactions, but I have never found this to be a problem, at least when used as Betnesol N.

Yours faithfully,
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Reference

Routine fluid replacement in children undergoing tonsillectomy

Dear Sir,

The Short Communication ‘Role of Routine Fluid Replacement in Children Undergoing Tonsillectomy’ by Wilson et al. (JLO 1990; 104: 801–802) analyses a small series of 50 children and concludes ‘There would seem to be no role for intravenous fluid replacement in children undergoing uncomplicated tonsillectomy’. We do not agree.

The results of the measured parameters (some of which do not relate to whether intravenous fluids are given or not) were analysed statistically and the authors clearly state ‘no parameters measured reached statistical