The early management of meningococcal disease

EDITOR,—We commend the publication of a review of the early management of meningococcal disease. This is certainly a condition in which the doctors of first contact must have a knowledge out of proportion to their previous experience.

It was disappointing, however, that this review focused on purpura as the sole cutaneous manifestation of meningococccemia. It is almost universally recognised that a febrile tachycardial child with a purpuric rash should be treated as having meningococcal septicaemia. There was, however, no mention of less specific skin appearances of meningococcal disease in this respect.

In a prospective study of meningococcal disease presenting to hospital 13% had a maculopapular rash only. The authors could not find any evidence that maculopapular disease presenting with a maculopapular rash alone was less severe than that presenting with purpura.

Another prospective study found 22 out of 126 children presenting with meningococcal disease had maculopapular rather than haemorrhagic rashes. This group reported a fatal illustrative case of meningococccemia misdiagnosed as measles in the presence of a maculopapular rash. The delayed or misdiagnosis of meningococcal disease in the presence of a maculopapular rash has been reported elsewhere.

The algorithm presented in the review offers false reassurance. The underlying message should be that the differential diagnosis of a toxic febrile child must include the meningococcal disease whether they have a purpuric rash, a maculopapular rash, or no rash at all. To take reassurance from the absence of purpura or petechiae shows a lack of understanding of the spectrum of presentation of meningococcal disease.

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Ecstasy related trauma

EDITOR,—Each year there are an estimated 50 000 deaths and 1.5 million casualties as a result of road traffic accidents within the European Union,1 and it has been estimated that at least 10% of these victims have taken some form of psychotropic medication that may have contributed to their accident.2 MDMA (3,4-methylenedioxymethamphetamine), widely known as ecstasy, is now cited as Europe's second most commonly used illicit drug and is likely to play a steadily increasing part in the etiology of trauma.3 Over a three month period we treated 16 ecstasy users who had been injured as a result of road traffic accidents. Reckless driving was the cause of all accidents. Impaired mental function caused considerable difficulty in assessing neurologically status in seven patients and the systemic effects of MDMA, including sinus tachycardia and pyrexia made general assessment problematic in 10. An array of serious injuries including 25 fractures were sustained by these patients. Eight who required acute surgery suffered no significant anaesthetic complications. We estimate the overall cost of hospital care for this group to be in excess of £50 000. We believe that greater public awareness of the risks of driving under the influence of MDMA is desirable and advise that accident and emergency staff familiarise themselves with the effects of this drug in order to safely assess and manage these patients.

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