Case reports of factitious illness are unlikely to be published in the UK

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being considered for publication in the UK, and advised us to submit it to an overseas journal. Alternative strategies suggested were for a journal editor to publish an anonymous annotation, or to report just the laboratory aspects as a letter. Hence this letter, which omits many important, but non-essential, clinical details.

Nobody will regret the move away from the publication of unnecessary and personal information in case reports and series, when leading medical journals even published children’s names, the hospital they were admitted to, and the time and date, and certainly the human right to anonymity must not be sacrificed for “the common good”. However, it should be possible to craft reports to achieve genuine anonymity without losing important clinical messages, and we believe we had done that. It is sad that the advisors on medical publication practices in the UK agree that a manuscript should be published, but advise us to submit it abroad. There will be important sequelae if the publication of cases relating to child abuse is stifled, because this is an area where the knowledge base has been built up from individual reports rather than from randomised controlled trials.

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Bile-stained vomiting in neonates

We read with interest the case of bile-stained vomiting in a 5-week-old infant presented by Kumar and Curry. They comment at the end, “This case demonstrates that bilious vomiting in a newborn baby should always be taken seriously”. We completely agree and would like to add some data to help people assess this problem. We conducted a detailed study of all the symptoms and signs of illness in 1007 infants less than 6 months of age and correlated them with the severity of their illness. Two hundred and ninety eight were seen at home and 709 when presented to hospital.

Bile-stained vomiting, defined as green vomit, was rare, only occurring in 8 (0.8%) of the infants studied. It occurred in about 1:120 infants presenting to hospital and none during a scheduled check at home. All were considered to be either moderately or seriously ill (defined as needing hospital admission and treatment). None were considered to be well or mildly ill. To put this in perspective, symptoms and signs of illness are quite common in infants in this age group although serious illness is rare. Only four signs or symptoms were never reported in well infants: bile-stained vomiting, frank blood in the stools, fluid intake less than a third of normal, and convulsions.

Assessing the severity of an infant’s illness is difficult for parents and doctors because many symptoms and signs occur in relatively well infants. To assist with the assessment we developed Baby Check, which is a sophisticated 19-item scoring system based on ordinal regression analysis of the data from the 1007 infants studied. This highlighted bile-stained vomiting as one of the highest scoring, with a score of 13, and therefore most serious, symptoms of illness. One symptom, by itself, is sufficient to justify hospital admission.

This letter is written to emphasise that everybody who cares for infants should be taught that bile-stained “green” vomiting is always serious and needs urgent paediatric assessment. It is usually, but not always, associated with intestinal obstruction.

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