

well tolerated by the patient. The results we have obtained from our small study have thus far been very encouraging.

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Yours faithfully,

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Necrotising fasciitis

Sir,

Necrotising Fasciitis in the head and neck region. Maqbool M., Ahmad R., Ahmed R., Qazi S. *British Journal of Plastic Surgery*, **45**, 481.

We have read with interest the case report by Maqbool *et al.*¹ and feel that while it may be a valuable addition to the existing body of knowledge on this condition, certain points raised by the authors should be addressed.

While undoubtedly necrotising fasciitis affects the head and neck region less frequently than other sites, we must disagree with the authors' statement that "no case with head and neck involvement has been reported so far". It is certainly not as uncommon as suggested by this statement, and such cases have indeed been reported in the relevant specialist journals. We would respectfully draw the authors' attention to an excellent review of 27 cases of cervicofacial necrotising fasciitis by Balcerak *et al.*² Indeed, both maxillofacial and otorhinolaryngology journals contain numerous reports of head and neck involvement in this condition.

An important and early sign of underlying fasciitis that the authors fail to mention is that of reduced pinprick sensation over the affected area of skin.³ This sign precedes the development of frank gangrene and thus debridement at this stage may be more conservative. Once the tissues are opened, the presence of fasciitis can be confirmed, and finger dissection used to determine the limits of undermining.

A number of causative organisms have been implicated in necrotising fasciitis, which is usually due to mixed infection. In cervicofacial cases, the combination of a viridans streptococcus and an anaerobic organism has been reported frequently and initial antibiotic therapy should take this into account whilst awaiting confirmation by bacteriological examination.⁴ Furthermore, the use of frozen section biopsies in addition to conventional microbiological samples has been recommended as a method that permits early diagnosis of this condition, leading to a reduction in mortality.⁵

This paper exemplifies the problems of duplication of material which may occur in the medical literature, particularly among the many different specialist journals. It highlights the need for meticulous care when performing literature searches and underlines the need to consider other specialties and their journals as a source of information on conditions that are not frequently encountered in one's own practice.

Yours faithfully,

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