However, estimates of the magnitude vary considerably. For example; in Bangladesh PD morbidity rates range from 0.6 to 0.8%, in Guatemala a PD annual rate of 0.014/100 children occur each year in Mexico among children less than 5 years of age. Although this study detected only cured or mild cases of diarrhea, an estimated 4000 cases of PD could be considered only PD cases at the time of the interview, the prevalence rate, 9.6/100 children). Of the 10 700 children 1034 had diarrhea (defined as more than 3 liquid evacuations during 24 hours with or without blood) at the time of interview (prevalence rate, 9.6/100 children). Of these, 19 had PD (defined as diarrhea for more than 14 days), a prevalence rate of 1.8/100 children with diarrhea. Ages of children with PD ranged from 3 to 53 months (mean value, 22 months). The median length of diarrhea episodes was 24 days ± 6.7; range from 14 to more than 30 days (PD episode was determined considering onset, end and interview dates). The highest frequency was found in the 1 to 2-year-old group (36.8%) and in males (78.9%). All 19 mothers of children with PD knew the recommended electrolyte solutions to use from information given by the Mexican Diarrhea Program and 75% used it during the episodes of diarrhea. In most cases oral rehydration solution was reported 3 to 0.8%, in Guatemala a PD annual rate of 0.014/100 children occur each year in Mexico among children less than 5 years of age. Of the 20 935 houses visited, in 7504 households at least one child younger than 5 years of age was found (N = 10 700 children).

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All 19 mothers of children with PD knew the recommended electrolyte solutions to use from information given by the Mexican Diarrhea Program and 75% used it during the episodes of diarrhea. In most cases oral rehydration solution was administered for 2 days, except for one case in which the patient received it for 7 days. Breast-feeding was suspended in 3 cases and only one child ceased the intake of food. The use of drugs was reported in 9 cases: antibiotics (6 children); antidiarrheics (2 children); and antiparasitics (1 child). Based on the approximate 2% prevalence of PD among children with diarrhea, an estimated 4000 cases of PD could occur each year in Mexico among children less than 5 years of age. Although this study detected only cured or mild cases of diarrhea and PD rate could be underestimated because we considered only PD cases at the time of the interview, the importance of this study is that the reported PD prevalence rate was obtained from a national representative survey instead of studies in specific communities with captive populations, placing Mexico as a country with an intermediate risk for PD when compared with other developing countries.

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In January, 1994, a 6-year-old girl was referred to the Robert Debré Pediatric University Hospital in Paris for otalgia and otorrhea. She also complained of headache and vertigo. Examination revealed a purulent discharge in the right external auditory canal and a right-sided otitis media. The discharge persisted despite various antibiotic therapies including local colistin and two 10-day courses of oral amoxicillin-clavulanate (50 mg/kg/day). She complained of increasing postauricular pain and returned in April, 1994, for further investigation. On admission otoscopic examination revealed a stenotic right external auditory canal. Medial to the stenosis was a massive cholesteatoma with obliteration of the middle ear. The cholesteatoma was treated by surgical excision. Cholesteatoma was confirmed histologically. The patient recovered after 7 days of treatment with intravenous piperacillin (300 mg/kg/day). Culture of the ear discharge in the middle ear. The cholesteatoma was treated by surgical excision. Cholesteatoma was confirmed histologically. The patient recovered after 7 days of treatment with intravenous piperacillin (300 mg/kg/day). Culture of the ear discharge in the middle ear.

TABLE 1. Serologic Investigations

<table>
<thead>
<tr>
<th>Time after Onset of Febrile Convulsion</th>
<th>CMV</th>
<th>EBV-VCA</th>
<th>HHV-6</th>
<th>HSV</th>
<th>HHV-6 serology was performed by indirect immunofluorescence and expressed as titers (see Reference 4).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IgG (AU)</td>
<td>IgM</td>
<td>IgA</td>
<td>IgG</td>
<td>IgM</td>
</tr>
<tr>
<td>Day 3</td>
<td>88</td>
<td>Neg</td>
<td>Neg</td>
<td>&lt;1:8</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>Day 9</td>
<td>NT</td>
<td>Neg</td>
<td>Neg</td>
<td>&lt;1:8</td>
<td>&lt;1:10</td>
</tr>
<tr>
<td>4 months</td>
<td>92</td>
<td>Neg</td>
<td>Neg</td>
<td>&lt;1:8</td>
<td>&lt;1:10</td>
</tr>
</tbody>
</table>

Neg, negative; NT, not tested; CMV, cytomegalovirus; EBV, Epstein-Barr virus; VCA, viral capsid antigen; HSV, herpes simplex virus; VZV, varicella-zoster virus; AU, arbitrary units.

The pathogenic character of an opportunistic organism is related to the persistence of the same clinical strain when several samples were cultured. Until recently epidemiologic studies of A. xylosoxidans have been based essentially on the study of phenotypic traits. However, none of these methods has been found to be really satisfactory for the typing of A. xylosoxidans because of the insufficient discrimination, poor reproducibility or lack of availability of

Fig. 1. A. xylosoxidans DNA fingerprinting by Random PCR. Lane 1, size marker; Lane 3, January ear isolate; Lane 4, preoperative ear isolate; Lane 5, postoperative ear isolate; Lane 2 and Lanes 6 through 10, epidemiologically unrelated isolates. kb, kilobases.