
LETTERS TO THE EDITOR

C Finley, J Clifton, JM FitzGerald, J Yee. Empyema:
An increasing concern in Canada. *Can Respir J*
2008;15(2):85-9.

To the Editor:

I read with interest the article and the accompanying editorial. In the editorial it was stated that the fact that empyema is rising dramatically in the pediatric population was not appreciated by the pediatric community in Canada. This surprised me. I immediately sent an e-mail to essentially all of the pediatric respirologists across Canada and received replies from seven different major centres. All agreed that they have noticed such an increase for at least the past 10 years, if not the past 25 years. Although, many times, the organism is not detected, possibly due to previous use of antibiotics, the principle organisms cited by all centres were group A streptococcus and *Streptococcus pneumoniae*. One centre noticed high levels of antistreptolysin O in the absence of positive cultures, suggesting, as well, the predominance of group A streptococcus. In particular, the feeling was that there has been little evidence for any significant involvement of *Staphylococcus aureus* or *Haemophilus* species. Many suggested that a cross-Canada study examining the issues would be valuable.

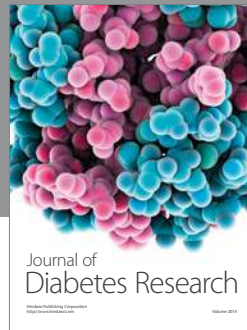
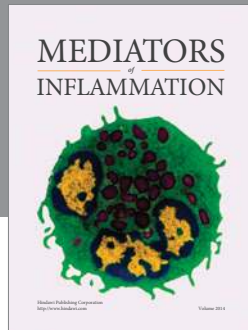
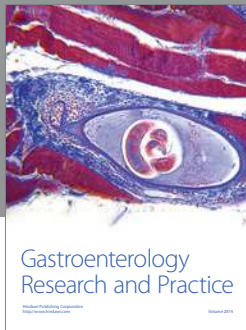
It was pointed out to me that a similar study has been performed in Scotland (1) and showed a similar increase in empyema in young children, despite no increase in prevalence of pneumonia or croup. The authors speculated that one reason for this might be the increase in aggressiveness of bacteria such as *S pneumoniae*, a concept that we would agree with.

Sincerely,

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REFERENCES

1. Roxburgh CS, Youngson GG, Townend JA, Turner SW. Trends in pneumonia and empyema in Scottish children in the past 25 years. *Arch Dis Child* 2008;93:316-8.



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