Reply

I.	Isao	Fujimori
----	------	----------

Department of Otolaryngology, Yamanashi Medical University, Yamanashi, Japan

Isao Fujimori, Department of Otolaryngology, Yamanashi Medical University, 1110 Shimo-kato, Yamanashi 409-38 (Japan)

Dear Sir,

We received your letter with a copy of a critical 'Letter to the Editor' concerning our paper. We would like to touch on the differences between these papers for the ease of the readers' understanding as to why we distributed an additional article to another journal.

Although these two articles are similar in content, they are different because the former study was performed between January 1994 and May 1994, while the latter study was done during January 1994 to December 1994. These different study periods are important for the significance of these studies even though similar methods were used and similar results were obtained.

As you know, the incidence of otitis media with effusion (OME) in the winter season is higher than that in other seasons. In fact, it has been reported that the number of children with OME visiting ENT clinics increases in the spring (Suehs O.W., 1952; Lemon A.N., 1962).

The onset of OME is presumably attributable to upper respiratory tract inflammation. In summer, OME tends to be improved, decreasing the number of patients (Casselbrant M. et al., 1983; Tos M. et al., 1979, 1983; Fiellau-Nikolajsen M., 1979). It is well known that the bacterial flora is seasonally altered, thus affecting microbial infections (Sanders, 1977).

Increased OME in the winter may be due to recurrent upper airway infection in children whose local and systemic immune systems are immature, and this may interfere with the bacterial flora of the nasopharynx. Thus, we performed an additional study throughout the four seasons.

Of course, at the time of sampling, none of the patients or control subjects demonstrated acute inflammation of the upper airway tract (January to May). The incidence of airway tract infection in the former subjects may be higher than that of those in the subsequent year-long study.

Children with OME

are brought to ENT clinics throughout the warm seasons as well, although the number of children with OME decreases compared to that in the winter season.

There are a variety of unknown factors affecting OME including bacterial flora. The climate may be an important factor directly and/or indirectly affecting the incidences of various diseases. As described in our papers of ORL and European Archives of Otorhino-laryngology, there have been few studies of bacterial flora in children with OME. Thus, each of our two papers has a different significance, although the results of the additional year-long study were eventually similar to the results of the earlier study. Further studies on the relationship between airway bacterial flora and OME are required to elucidate various factors relevant to this disease.

We feel that we should have indicated the difference in the significance of these studies in our papers to avoid misunderstanding.

KAKGEI

E-Mail karger@karger.ch Fax+ 41 61 306 12 34 <http://www.karger.ch>
© 1997 S. KargerAG, Basel 0301-1569/97/0595-0301\$ 12.00/0
)