To the Editor:

Thank you for the interesting patient presentation entitled “Dysphagia, hoarseness, and weakness in a 12-year-old girl,” by Drs. Couloures and Vasan, which appeared in the Pediatric Rounds section of Hospital Physician.\(^1\) I wish to correct a statement in the “Acute Causes of Weakness” section: “Botulism produces an ascending paralysis and is caused by food contaminated with \textit{Clostridium botulinum}, which would more likely have affected other family members and not just the patient.” This statement is incorrect, as botulism has been associated with a \textit{descending} paralysis.\(^2\) Additionally, patients with foodborne botulism may be the only individuals in a household to acquire symptomatic illness, even in situations in which other family members have consumed the implicated food item. This may be due to individual variation in immune response as well as variability in the numbers of \textit{C. botulinum} organisms in individual portions of the contaminated food.

Botulism is defined as “a neuroparalytic illness characterized by symmetric, descending flaccid paralysis of motor and autonomic nerves, always beginning with the cranial nerves. Symptoms include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness. If untreated, illness might progress to cause descending paralysis of respiratory muscles, arms, and legs.”\(^2\)

Thank you again for this interesting presentation.

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In reply:

We agree that botulism is typified by a descending paralysis or weakness and frequently occurs in association with bulbar symptoms. We regret this oversight on our part. Regarding the second point of whether more than 1 family member would be affected, our consensus opinion was that a botulism outbreak often affects more than 1 family member.

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References