

FEEDING REGIMENS FOLLOWING PYLOROMYOTOMY

To the Editor:

We enjoyed Drs. Catalozzi and Giardino's case presentation and cogent discussion of the diagnostic work-up of neonatal emesis and treatment of pyloric stenosis in the October 2000 issue of *Hospital Physician*.¹

One point regarding feeding following pyloromyotomy warrants clarification. In their discussion of postoperative care, the authors recommended "initiation (after 24 hours postsurgery) of small, incremental feedings." Our experience and that of others has shown that it is safe to begin feeding regimens 1 to 2 hours following pyloromyotomy.² This is accomplished without an increased incidence of emesis and allows rapid advancement to ad lib feedings and timely hospital discharge.

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FURTHER REVIEW OF NIKOLSKY'S SIGN

To the Editor:

I read with great interest the recent review of Nikolsky's sign in the January 2001 issue of *Hospital Physician*.¹ It is always refreshing to see dermatologic disease presented in a clear and readable manner. Unfortunately, the author's definition is slightly too inclusive. Nikolsky's sign is more correctly used to describe epidermal shearing following lateral pressure on unblistered skin.² The extension of a blister following application of pressure to its roof has earned the eponym Asboe-Hansen's sign.^{3,4}

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