Our data do not support additional CF testing for infants with a markedly elevated IRT but no CFTR mutation. Even at the highest levels of IRT we did not find an excess of infants with CF who had been missed by our screening programme. If we contacted the family of each baby with an IRT >99th centile without $\Delta F508$, this would have required an extra 8442 patient contacts for testing and associated counselling. We recognise that a small number of infants will be missed by this approach. However the IRT/CFTR mutation analysis approach for neonatal CF detection is a screening programme and the number of missed infants is small compared with the number of infants with a falsely elevated IRT, no matter how high the IRT result.

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IMAGES IN PAEDIATRICS

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A coincidence, or not?

A 4 year old boy, previously fit and well, presented with a painful right hip. Six days previously, he had fallen off a 2 foot high bed and landed on his right side onto carpeted floor. He complained of pain immediately after and began limping. His temperature was normal and he had no other symptoms. By day 2, his pain worsened and was not weight bearing. The pain did not respond to analgesia. On day 3, he was referred by his GP to the local hospital. Laboratory investigations showed a raised C reactive protein; x ray and ultrasound examinations of his right hip were normal. He was diagnosed with a muscular injury post-trauma and sent home. He was referred to us on day 6 with worsening constant pain in his right hip, necessitating him being carried around.

On examination, he was pyrexial and tachycardic. He was very miserable. He lay very still and did not want to be moved. He refused to walk and weight bear or move his right leg. On inspection, there were no obvious bruises or injuries. On palpation, he was tender over the right hip. Active and passive movements on the right hip and knee were not tested as he complained of severe pain. His left hip and knee were not tender and the rest of the

Figure 1

examination was normal. Blood results showed a high C reactive protein of 137 mg/l and white cell count of $11.7 \times 10^9/l$. An x ray examination of both hips was normal. An ultrasound scan of his right hip showed 4 mm of fluid in the hip joint, which was within the upper limits of normal.

As the clinical severity of his pain did not correspond with the results of the investigations, we proceeded to magnetic resonance imaging (MRI) to rule out osteomyelitis or psoas abscess. Figures 1 and 2 show the MRI scan of

Figure 2

his pelvis. There was abnormal signal/fluid in the right iliopsoas, obturator internus, inferior gemellus, between the obturator internus and right ischial tuberosity, which extended anteriorly into the right iliac fossa. There was also a small amount of fluid in the pelvic cavity. A diagnosis of psoas abscess was made.

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