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REFERENCES

- 1 Jones B, Stratton R, Holden C, et al. Trends in artificial nutrition support in the UK 2000–2003, Annual BANS Report 2004. Maidenhead, UK: BAPEN, 2005.
- 2 Thompson-Chagoyan O, Lopez-Ayllon R, Rios-Espinosa E, et al. Improvements in diurnal oral ingestion in the malnourished newborn infant induced by the administration of nocturnal enteral nutrition. *Nutr Hosp* 1995;10:173–6.
- 3 Rolls B, Roe L. Effect of the volume of liquid food infused intragastrically on satiety in women. *Physiol Behav* 2002;76:623–31.
- 4 Bell E, Castellanos V, Pelkman C, et al. Energy density of foods affects energy intake in normal weight women. *Am J Clin Nutr* 1998;67:412–20.
- 5 Poppitt S, Prentice A. Energy density and its role in the control of food intake: evidence from metabolic and community studies. *Appetite* 1996;26:153–74.
- 6 Prentice A, Poppitt S. Importance of energy density and macronutrients in the regulation of energy intake. *Int J Obes* 1996;20:518–23.
- 7 Rolls B, Castellanos V, Halford J, et al. Volume of food consumed affects satiety in men. *Am J Clin Nutr* 1998;67:1170–7.
- 8 Rolls B, Bell E, Waugh B. Increasing the volume of a food by incorporating air affects satiety in men. *Am J Clin Nutr* 2000;72:361–8.
- 9 Rolls B, Bell E, Thorwart M. Water incorporated into a food but not served with a food decreases energy intake in lean women. *Am J Clin Nutr* 1999;70:448–55.
- 10 Bell E, Roe L, Rolls B. Sensory-specific satiety is affected more by volume than by energy content of a liquid food. *Physiol Behav* 2003;78:593–600.
- 11 Araya H, Vera G, Alvina M. Effect of the energy density and volume of high carbohydrate meals on short term satiety in preschool children. *Eur J Clin Nutr* 1999;53:273–6.
- 12 Zandstra E, Mathey M, Graaf C, et al. Short-term regulation of food intake in children, young adults and the elderly. *Eur J Clin Nutr* 2000;54:239–46.
- 13 Schofield W. Predicting basal metabolic rate, new standards and review of previous work. *Hum Nutr Clin Nutr* 1985;39:5–41.
- 14 Holland B, Welch A, Unwin I, et al. *McCance and Widdowson's The Composition of Foods*. Cambridge, UK: Royal Society of Chemistry and Ministry of Agriculture, Fisheries and Food, 1991.
- 15 Report of the Panel on Dietary Reference Values of the Committee on Medical Aspects of Food Policy. *Dietary reference values for food energy and nutrients for the United Kingdom*. London, UK: HMSO, 1991.
- 16 Stratton R. The impact of nutritional support on appetite and food intake. *Clin Nutr* 2001;20:147–52.
- 17 Stratton R, Stubbs R, Elia M. Interrelationship between circulating leptin concentrations, hunger, and energy intake in healthy subjects receiving tube feeding. *J Parenter Enteral Nutr* 1998;22:335–9.
- 18 Stratton R, Stubbs R, Elia M. Short-term continuous enteral tube feeding schedules did not suppress appetite and food intake in healthy men in a placebo-controlled trial. *J Nutr* 2003;133:2570–6.
- 19 Mattes R, Rothacker D. Beverage viscosity is inversely related to postprandial hunger in humans. *Physiol Behav* 2001;74:551–7.
- 20 Stubbs J, Ferris S, Horhan G. Energy density of foods: effects on energy intake. *Crit Rev Food Sci Nutr* 2000;40:481–515.

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Emergence of *Scedosporium apiospermum* in patients with cystic fibrosis

The ubiquitous *Scedosporium apiospermum* is a saprophytic filamentous fungus that causes a wide range of human infections that affect virtually every organ in the body. *S apiospermum* has been described as one of the major fungal agents of chronic colonisation of airways in patients with cystic fibrosis (CF).¹ This organism is the second most frequent filamentous fungus that can be found in patients with CF after *Aspergillus fumigatus*. The prevalence of *S apiospermum* from bronchial secretions of patients with CF is reported to be 0.7–9%.^{1–3} Although this fungus is usually considered a simple endobronchial colonising agent in CF without pathological effects for the host, there have been some reported cases of invasive infections due to *S apiospermum* in patients with CF, including one case after lung transplantation.^{1,4} However, the pathogenicity of this organism in CF is still not well established.

Figure 1 *Scedosporium apiospermum* growth on Sabouraud Dextrose Agar (SAB) at 22°C for 4 weeks.

Yuriko Nagano, B Cherie Millar, Colin E Goldsmith, J Stuart Elborn
Northern Ireland Public Health Laboratory, Department of Bacteriology, Belfast City Hospital, Lisburn Road, Belfast BT9 7AD, Northern Ireland, UK

Jackie Rendall
Regional Adult Cystic Fibrosis Unit, Belfast City Hospital, Lisburn Road, Belfast BT9 7AB, Northern Ireland, UK

John E Moore
Northern Ireland Public Health Laboratory, Department of Bacteriology, Belfast City Hospital, Lisburn Road, Belfast BT9 7AD, Northern Ireland, UK

Correspondence to: Dr John E Moore, Northern Ireland Public Health Laboratory, Department of Bacteriology, Belfast City Hospital, Belfast BT9 7AD, Northern Ireland, UK; jemoore@niphil.dnet.co.uk

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References

- 1 Symoens F, Knoop C, Schrooyen M, et al. Disseminated *Scedosporium apiospermum* infection in a cystic fibrosis patient after double-lung transplantation. *J Heart Lung Transplant* 2006;25:603–7.
- 2 Defontaine A, Zouhair R, Cimon B, et al. Genotyping study of *Scedosporium apiospermum* isolates from patients with cystic fibrosis. *J Clin Microbiol* 2002;40:2108–14.
- 3 Horr R, Schaaf KP, Siekmeier R, et al. Isolation of fungi, especially *Exophiala dermatitidis*, in patients suffering from cystic fibrosis. A prospective study. *Respiration* 2004;71:360–6.
- 4 Cimon B, Carrere J, Vinatier JF, et al. Clinical significance of *Scedosporium apiospermum* in patients with cystic fibrosis. *Eur J Clin Microbiol Infect Dis* 2000;19:53–6.