

**Additional educational resources**

- eMedicine ([www.emedicine.com/](http://www.emedicine.com/))—Search for “vulvovaginitis” on this US clinical knowledge database
- MedlinePlus (<http://medlineplus.gov/>)—A service of the US National Library of Medicine and the National Institutes of Health
- Royal Children's Hospital, Melbourne. Kids health info for parents: Vulvovaginitis ([www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=3726](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=3726))

In children with threadworm infection a course of mebendazole is useful. Antifungal creams usually have no place in the initial management of vulvovaginitis, since candida is an unlikely pathogen in prepubertal girls.<sup>1</sup> Girls with non-specific vulvovaginitis should be advised about hygienic measures—avoiding tight fitting clothing or other irritants such as harsh soaps to the vulva, front to back wiping after using the toilet, sitz baths, and protective ointments.<sup>2,3</sup> For persistent or recurrent vulvovaginitis, an opinion from a gynaecologist to rule out a foreign body is traditionally recommended.<sup>4</sup>

**Conclusions**

In the management of vulvovaginitis in prepubertal girls current evidence suggests that, in addition to giving advice about hygienic measures, vaginal secretions should be obtained for microbiological investigations and that antibiotics should be used only if a pure or predominant growth of a pathogen is identified. This recommendation is based on one case-control study<sup>1</sup> and one retrospective study.<sup>3</sup> However, there is little literature regarding the vaginal microflora of prepubertal children, and it is therefore difficult to determine whether bacteria isolated from patients' vaginal secretions are part of the normal microflora or are the cause of symptoms of vulvovaginitis.

Of the existing studies on the microflora of the prepubertal vagina, many are flawed for lack of control subjects, and most combined prepubertal and peripubertal children, had small numbers, or lacked comprehensive cultures for a wide variety of micro-organisms. Clearly we need well designed, adequately powered, high quality studies to evaluate the vaginal microflora in asymptomatic prepubertal children and in those with symptoms of vulvovaginitis.

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**Corrections and clarifications**

*Can the human eye detect an offside position during a football match?*

Two errors occurred in this article by Francisco Belda Maruenda in our Christmas issue (*BMJ* 2004;329:1470-2, 18-25 Dec). In the section headed “Is the human eye able to detect an offside offence?” the final sentence of the first paragraph incorrectly states: “The time that the eye needs to detect all the objects is the sum of the eye movements and the accommodation that it has to do.” In fact, the time needed is the sum of the integration of the eye movement and accommodation.

The caption for the bottom half of figure 2 (p 1471) should have stated that this showed an incorrect call of offside (not a correct call)—the assistant referee is holding up a flag for an offside that does not exist.

*“I recognise myself in that situation...” Using photographs to encourage reflection in general practitioners*

The authors of this article in the Christmas issue, Torgeir Gilje Lid and colleagues, would like to correct their oversight by thanking Drs Aslak Bråtteit, Margareth Oshaug, and Heidi Tiller for allowing themselves to be photographed for this article (*BMJ* 2004;329:1488-90, 18-25 Dec).