Staphylococcus aureus (MRSA) is not a significant problem. The oral administration of vancomycin subjects enteric flora to strong selective pressure. Therefore, although vancomycin is valuable for the treatment of Clostridium difficile-associated disease, metronidazole should be the preferred therapeutic choice whenever possible.

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Ewart's sign in tuberculous pericarditis

To the Editor: In 1896 Ewart, and before him Pins, called attention to the presence of an area of variable size, with dullness, in the region of the inferior angle of the left, and rarely right, scapula associated with a corresponding area of bronchial breathing, increased vocal fremitus and aegophony in pericardial effusions. Ewart's sign has also been described in patients with enlargement of the left ventricle.

This sign has been attributed to partial collapse of pulmonary tissue and pressure on a bronchus by the posteriorly displaced pulmonary veins, inferior vena cava, pulmonary artery, and aorta.

Little is known about the diagnostic accuracy of this sign and its presence in patients with tuberculous (TB) pericarditis. Rooney reported Ewart's sign in 1 patient among 34 (3%) with TB pericarditis.

In this study we assessed the presence of Ewart's sign in 88 patients with TB pericarditis and determined the amounts of effusion in the group with and without Ewart's sign.

We conclude that on average the presence of Ewart's sign in patients with pericarditis correlated with significantly larger effusions compared with patients without Ewart's sign. However, there was significant overlap in effusion size between the two groups. The absence of Ewart's sign does not exclude the presence of a large pericardial effusion.

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