In a commentary by Knudtson (1), the graph should read as follows: "Because last sentence of the penultimate paragraf is greater than that reported in the current 'stent era.'"

Reference

In a commentary by Pollock (1), the 8th reference was included in error.

References
1. Pollock A. Commentary on “Propofol with ampicillin before surgery was more ef- fective than penicillin after surgery in rural Africa.” Evidence Based Medicine. 1996 Sep 14;9:713-6.

Objective
To determine the effectiveness of co-amoxiclav (amoxicillin and clavulanic potassium) suspension in children with persistent bilateral otitis media with effusion (OME).

Design
14-day randomised, double-blind, pla-cebo-controlled trial.

Setting
57 general practices in the Netherlands.

Patients
Participating physicians used otoscopy and tympanometry to examine all pa- tients 6 months to 6 years of age with ≥ 1 of the following: objective or sub- jective hearing loss, language or speech problems, mouth breathing, history of recurrent upper respiratory tract infections, history of recurrent otitis media among family members, or an episode of acute otitis media within the past 6 weeks. 433 patients in whom bilateral OME was detected received 3 months of watchful wait- ing, after which 223 patients were de- termined to have persistent bilateral OME. 162 patients had parental in- formed consent to be randomised. Inclusion criteria were antimicrobial therapy within 4 weeks preceding the trial; allergy to penicillin; compro- mised immunity; referral to an ear, nose, and throat surgeon; craniofacial abnormalities; the Down syndrome; or cystic fibrosis. 153 patients (94%) completed the 2-week follow-up.

Intervention
Patients were allocated to a suspen- sion of co-amoxiclav, 20 mg/kg of amoxicillin and 3 mg/kg of clavulanic potassium given in 3 daily doses for 14 days (n = 82), or to placebo (n = 80). All patients received decon- gestant ephedrine.

Main outcome measures
Persistent OME in both ears and per- sistent OME in 1 or both ears, con- firmed by tympanogram at 2 weeks.

Main results
149 patients had interpretable tympanograms. 42 patients (53%) who re- ceived co-amoxiclav had persistent bilateral OME at 2 weeks compared with 59 patients (84%) who received placebo (P = 0.001). This absolute risk reduction (ARR) of 31% means that 1 patient would need to be treated (NNT) with co-amoxiclav for 2 weeks (compared with placebo) to prevent 1 additional patient from having persis- tent bilateral OME, 95% CI 2 to 6; the relative risk reduction (RRR) was 37%, CI 21% to 51%; P = 0.03) (ARR 16%; NNT 7, CI 4 to 23; RRR 17%, CI 5% to 29%).

Conclusion
Co-amoxiclav provided effective anti- biotic treatment in the short term in children with persistent bilateral otitis media with effusion.

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*Numbers calculated from data in article.