admitted. This policy may avoid protracted starvation, facilitate earlier surgery and could minimize complications of prolonged hospitalization.

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Primary Cutaneous Nocardiosis: An Emerging Pathogen Associated with a Peripheral Intravenous Catheter

The Editor

Sir,

Nocardiosis is an infection caused by members of the genus Nocardia, an aerobic actinomycetaceae. These are saprophytic bacteria which are important components of soil and water. Nocardia have worldwide distribution and are not thought to be commensals of the skin (1, 2). About 10% of infections of the skin and subcutaneous abscesses result from direct inoculation of Nocardia from the soil. Subcutaneous nocardiosis resulting from haematogenous spread occurs in 25% of cases (3). Appropriate management of nocardial infections is critical, particularly in immunocompromised patients in whom mortality rates may be as high as 29% (1, 4). This report describes the development of primary cutaneous nocardiosis at the insertion site of a peripheral intravenous catheter in a patient with ulcerative colitis.

An asthenic 44-year old man with a six-year history of ulcerative colitis was admitted to the University Hospital of the West Indies (UHWI) as a result of exacerbation of his condition. On admission, a peripheral polyurethane intravenous (IV) catheter was inserted into his left forearm for the intravenous administration of fluids, hydrocortisone (600 mg per day), amoxycillin-clavulanic acid (3 mg/day), oral predni-