I. INTRODUCTION

A problem which is frequently met with in Paediatric and out-patient E.N.T. clinics is the common complaint of chronic, recurrent or persistent muco-purulent nasal discharge.

In the majority of cases it is a part of a wide clinical syndrome consisting basically of multiple signs & symptoms.

Recent literature sometimes referred to this syndrome as the Catarrhal child (Wilson, 1962). However, the basic signs & symptoms of this syndrome consists of:

- Persistent muco-purulent discharge.
- Frequent attacks of cold.
- Frequent association of descending chest infections.
- Discharge is seen to be coming from the nose.
- Exocoriation of nostrils & upper lip.
- Pharyngitis.
- Enlarged adenoid.

The vast majority of cases are between the ages of 2 and 8 years corresponding with early years at schools. i.e. the school age child.

This problem was previously and widely discussed in the literatures as regards the role of sinusitis, adenoid, tonsils, allergy and the different immunological factors which could be a factor in the pathogenesis of the catarrhal child syndrome.

Reviewing the available literature all over the last century to evaluate the role of infecting micro-organisms in this syndrome reveold various studies stressing the importance of ordinary bacterial micro-organisms and the different viruses and their role.

Studies assessing the role of anaerobic bacteria in this syndrome are actually very deficient.

The last few decades demonstrated the awareness of the role of anaerobic bacteria in many persistent infections and medical syndromes within the body.

It is logic to consider the nose a good medium "a milieux" for anaerobes. Most of the accessory sinuses are easily blocked by initial catarrhal infection to be converted into an anaerobic cavities which are suitable for the growth of these organisms once it could reach its access. Also a nose blocked by huge adenoid and the discharge of viral or secondary bacterial organisms could

be a good medium for these anaerobes. The child could find many routes of access to inoculate anaerobes into his nose particularly between certain classes of special Socio-economic characteristics. Therefore the trials of isolation, identification, specification of the role of the anaerobic organisms in this syndrome would give a new clue to the different factors which constitute the syndrome of the "Catarrhal child". By classifying the different factors, actually new procedures for the therapeutic management could be added in the therapeutic attack and cure of this syndrome.