We feel the risk of this could be reduced by having the patient sitting up rather than lying down during the aspiration and applying firm pressure over the thyroid for at least five minutes after the puncture.

In our opinion, the advantages of thyroid nodule aspiration cytodiagnosis outweigh this rare complication.

**J V LEVER**

**Bath Clinical Area Pathology Service, Area Central Laboratory, Royal United Hospital (North) Combe Park, Bath BA1 3NG**

**Chlamydia trachomatis in premature infants**

Numazaki et al have questioned the correlation between chronic respiratory disease and infection with Chlamydia trachomatis in premature infants, and have shown evidence of this infection in some babies with prolonged respiratory problems.

We recently reported five cases of chlamydial pneumonia in the low birth weight neonate, two of which progressed to bronchopulmonary dysplasia; and all five of which had protracted ventilatory and oxygen requirements.

In all instances of chronic lung disease in the preterm neonate C trachomatis infection should be sought both by serological techniques and direct isolation. This should be pursued irrespective of the mode of delivery, as both Numazaki et al and ourselves have shown that chlamydial infection occurs in babies born by caesarean section as well as those born vaginally.

**ANNE ATTENBURROW**

**Department of Paediatrics, University Hospital, Queen’s Medical Centre, Nottingham NG7 2UH**

**References**


Dr Lever and colleagues reply as follows:

We were very interested to read Dr Tseleni’s letter. The fact that this is the first report of fine needle aspiration of the thyroid confusing subsequent histology shows that this must be a very rare complication of the technique and certainly one we have not experienced.