with situs inversus. Symptoms usually begin in childhood before sperm immotility can be detected. ICS should be considered when other disease entities known to cause chronic pulmonary problems have been ruled out and the diagnosis can be made by performing electron microscopy on cilia obtained from either bronchial or nasal mucosa. An adequate nasal biopsy can be obtained with topical anesthesia. Although the ciliary defect cannot be changed, after determining that ICS is present the physician can counsel the family about the chronic disease pattern these patients frequently exhibit. Finally, daily use of an antihistamine-decongestant and a bronchodilator in a patient with both ICS and asthma appeared to be effective in controlling upper and lower pulmonary disease, allowing improvement in growth and development to take place.

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REFERENCES

ERRATUM
In the article “Pneumocystitis carinii Pneumonitis in Young Immunocompetent Infants” by Stagno et al (Pediatrics 66:56–62, 1980) the second author’s name should read Linda L. Pifer, PhD, not Linda L. Pifer, MD.
**Pneumocystis carinii Pneumonitis in Young Immunocompetent Infants**  
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