LETTERS TO THE EDITOR

Audit of screening for congenital hypothyroidism

EDITOR,—Professor Pharoah and Dr Madden raised the issue of administrative practices causing ineffectiveness in screening for congenital hypothyroidism.1 We share their concerns particularly over the delay in the reporting of normal results and in identifying infants who have not been tested at all.

Under the present system the identification of infants who have never been tested is by comparing a list of birth notifications with a list of all the results, normal and abnormal. Infants whose names appear on the list of birth notifications but not on the results list are those who have failed to have a test. This sounds simple but in practice it can take over two months to compile the two lists (figure).

In order to short circuit the system to identify infants who have never been tested, our proposal is that a copy of the Guthrie form should be given to the mother on testing. At the statutory new birth visit at 10 days the health visitor would check that every mother has a form and arrange immediate screening for any infant who had been missed.

At present there is also an unacceptable delay in compiling a list of normal test results. The

Sleep related upper airway obstruction and hypoaxemia in sickle cell disease

EDITOR,—I read with interest the report of Samuels and his colleagues on respiratory sleep disturbances in sickle cell disease.1 In the discussion the authors suggest that changes in the anatomy of the upper airway may have an important role, besides the underlying mechanism of sickling of red cells which is enhanced by hypoxia.

I therefore think that it is worthwhile to draw attention to the peculiar type of nasal obstruction recently described as "priapism of the turbinates" observed in two young patients with sickle cell disease.2 The respiratory involvement of such nasal obstruction is likely to be equivalent to that caused by nasal packing, which is known to induce a significant decrease in oxygen saturation during sleep.3

It would be of great interest to know if any evidence of nasal turbinal enlargement was found in the 53 patients with sickle cell disease studied by Samuels and his colleagues, as they all underwent ear, nose, and throat examination. It may contribute to the recognition of this newly described condition, which up to now has probably been overlooked.

Day

1 New birth

6 Midwife takes sample

8 Neonatal laboratory

18 Results

34 Neonatal laboratory **

48 Neonatal laboratory/other source

62-76 Identification of unscreened infants

Present system for processing Guthrie tests and how it may be improved. Earliest detection of those not tested to at 62-76 days. **Tests made unnecessary by proposals. CHCS = child health computerised system. Figures from Bloomsbury and Islington Health Authority, 1992.


Teachers and epilepsy

EDITOR,—Encouraging as the knowledge and awareness of epilepsy was among the teachers sampled in the study of Bannon et al1 it would be naive to expect a similar response nationwide. For instance, within the Mersey region recently, two children have been denied commencing their primary school education because of the possibility of epileptic seizures.

The point regarding the need for improved communication was well made. This could be facilitated by the provision of nurse specialists in epilepsy, such as currently exist for other chronic childhood disorders including diabetes, asthma, and cancer. The nurse specialist could establish a much needed liaison between the hospital and community child health services, and could also fulfill a major educational role within schools.

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