short parathyroid adenoma. There was no evidence of bone or renal disease.

It is suggested that the diagnosis of hyperparathyroidism should be considered in a child with unexplained abdominal pain.

We wish to thank Dr. J. L. H. O’Riordan for the estimation of the serum concentration of parathormone, Mr. C. W. A. Falconer who performed the operation, and Professor J. A. Strong for his helpful advice.

REFERENCES

B. M. FRIER and V. J. MARRIAN*
Metabolic Unit, Western General Hospital, Edinburgh, and Paediatric Unit, Perth Royal Infirmary, Perth.

*Correspondence to Dr. V. J. Marrian, Department of Paediatrics, Perth Royal Infirmary, Perth.

Congenital rickets due to maternal vitamin D deficiency

Rickets and osteomalacia are common in immigrant Asians in this country (Holmes et al., 1973) and are probably due to dietary deficiency of vitamin D (Moncrieff, Lunt, and Arthur, 1973; Preece et al., 1973). Pregnancy is the period of greatest metabolic activity in adults and osteomalacia occurs particularly frequently in Asian immigrants at this time (Holmes et al., 1973). Though this might be expected to cause rickets in the fetus, to date this has been reported in only two babies in this country (Ford et al., 1973).

This paper describes a further example of congenital rickets in a baby whose mother had biochemical evidence of osteomalacia, and presents new evidence that neonatal hypocalcaemia may be due to maternal vitamin D deficiency.

Case report

The mother was a 30-year-old Asian who had had 3 children in the preceding 3 years. During the latter part of the present pregnancy she complained of pain in her sacrum and had a waddling gait. After delivery she was found to have a serum calcium level of 8.2 mg/100 ml, phosphorus 2.9 mg/100 ml, alkaline phosphatase 220 IU/l, and 25 hydroxycholecalciferol (25-HCC) 7.1 ng/ml (control 20 ng/ml). X-ray examination of the pelvis did not show osteomalacia. Her daily intake of vitamin D, estimated from dietary recall, was 150 IU (normal 600, Davidson and Passmore, 1966).

FIG.—X-ray of wrist showing rickets.
Her baby daughter was born at term by a spontaneous delivery, weighing 2.75 kg. The sutures were widely separated, the fontanelle large, and the skull bones soft and easily indented. There was no swelling at the wrists or ankles, but the rib ends seemed enlarged. The clinical diagnosis of rickets was confirmed by a wrist x-ray (Fig.) and the results of biochemical investigations showed a low serum calcium and raised alkaline phosphatase levels. These and subsequent investigations are shown in the Table. Her level of 25-HCC was performed routinely in antenatal care of Asian women.

**Summary**

A newborn Asian baby with congenital rickets is described. Her mother had osteomalacia, which, in view of her low dietary intake of vitamin D and low level of circulating 25-HCC, was probably nutritional in origin. Biochemical screening of pregnant Asians for osteomalacia should be a routine part of antenatal care.

Dr. T. Stamp kindly measured the levels of 25-HCC.

**REFERENCES**


**MARTIN MONCRIEFF**

*Correspondence to Dr. M. Moncrieff.*

**Hyperglycaemia and convulsions in children**

It is common practice to measure blood sugar content in patients with acute episodes of convulsions. However, very few reports deal with blood glucose levels during fits in infancy. Millichap (1968) cited studies of 86 patients with febrile convulsions who had normal values. Zellweger (1948) found raised values (from 117 to 296 mg/100 ml) in 6 out of 12 children examined during or immediately after a febrile convulsion. Those authors cited by Millichap (1968) who found raised CSF glucose levels in children do not report the corresponding blood values. We wish to report our experience.
Congenital rickets due to maternal vitamin D deficiency.

M Moncrieff and T O Fadahunsi

Arch Dis Child 1974 49: 810-811
doi: 10.1136/adc.49.10.810

Updated information and services can be found at:
http://adc.bmj.com/content/49/10/810.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/