Small 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.

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**Short reports**

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.](http://adc.bmj.com/ on November 7, 2017 - Published by group.bmj.com)
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 investiga-
tions 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.

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Hyperglycaemia and convulsions
in children

It is common practice to measure blood sugar
content in patients with acute episodes of con-
vulsions. 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.

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