Short reports

Premature menarche: a follow-up study

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SUMMARY Follow-up information was obtained from 12 women aged 16–34 years who had been seen previously because of premature isolated menstrual bleeding (premature menarche) starting between ages 9 months and 9 years. All the women reported normal regular menses and fertility was normal in the 6 women who had married.

Cyclic vaginal bleeding in the absence of other signs of secondary sexual development was described in 4 girls by Heller et al., and given the name of premature menarche. Twelve other patients are described in whom a similar pattern of recurrent vaginal bleeding was present in the absence of secondary sexual development. Their subsequent menstrual and obstetric histories are documented.

Patients and methods

We have reviewed the medical records of 12 girls who were first seen at this hospital between 1951 and 1972 because of recurrent vaginal bleeding in the absence of other signs of puberty. The current ages of these patients range from 16 to 34 years. As they no longer attend the hospital clinic, information on their current menstrual pattern and obstetric histories was obtained by asking them to complete a short questionnaire. In each case this approach was made in agreement with the family doctor.

Results

In the Table various clinical details relating to these 12 patients are given. The age of onset of vaginal bleeding varied between 9 months and 9 years. The duration of the regular bleeding was similarly variable, between 1 and 6 years. In each case bleeding had stopped by age 10 years and had restarted between 3 and 11 years later, after the appearance of other signs of secondary sexual development as part of an apparently normal pattern of adolescent development.

All patients now have regular menstrual periods which became re-established between ages 10 and 14½ years (Table). Six of the patients are married and have conceived 10 pregnancies without difficulty. One patient is currently pregnant and the remaining 9 pregnancies resulted in 8 live children and one abortion.

Ten of the 12 patients gave their current height. Since this varied between 153 and 173 cm (10th–95th centiles), it seems reasonable to suppose that stature is little, if any, affected by premature menarche.

All patients in this series had initially been investigated by methods that were considered...
appropriate at the time. No important general
disease had been discovered. Similarly all patients
had been examined under anaesthesia and no
evidence of a local cause for the bleeding had been
found.

Discussion

It is evident from the information set out in the
Table and that contained in the previous report by
Heller et al., that the disorder of premature menarche
is a transient one although the duration of the
premature bleeding may be several years. It is
reassuring to know that normal pubertal develop-
ment with the resumption of menstruation occurs at
an appropriate age and has no effect on the
subsequent fertility of the patient. It is reassuring,
too, to realise that the disorder of premature
menarche does not appear to result in any limitation
of the final height of the patient, so there need be no
concern over short stature, unlike the case with other
forms of sexual precocity.

We believe that the diagnosis of premature
menarche can be strongly suspected on clinical

Infection in neonatal hypothermia

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SUMMARY Infection, particularly of the respiratory
tract, was present in 80 of 138 children with neonatal
hypothermia. The most common lesion was right
upper lobe atelectasis and was probably due to
aspiration pneumonia. In children older than 3 days
infection elsewhere, mainly owing to Escherichia coli
bacilli, was common.

Hypothermia in tropical and subtropical areas is a
major cause of infant mortality.1 Neonatal hypother-
mia, often with classical cold injury,2 is common in
Baghdad, and the neonatal death rate related to
hypothermia is second only to that of respiratory
infection during the winter.

Previous reports on hypothermia in developed
countries2-4 and in developing ones5 have not
stressed the role of infection. We present an analysis
of 138 children admitted to our hospital with
hypothermia.

Patients and methods

During the winters of 1978–79 and 1979–80, 138
newborn infants with hypothermia (rectal tempera-
ture below 35°C) admitted to this hospital were
studied.

Al-Thawrah district is one of the poorest areas of
the city. Details of the infants are shown in Table 1.
There were 82 boys and 56 girls aged between 1 day
and 4 weeks. Twenty-seven were younger than 4 days
(early-onset hypothermia). As nearly all children are
born at home, the birthweight is not known. On
arrival to the hospital 79 weighed less than 2·5 kg,
and probably had low birthweight. The 138 patients
were investigated as follows: (1) Blood culture.
(2) Urine chemistry, microscopical examination, and
culture. (3) Cerebrospinal fluid chemistry, micro-
scopical examination, and culture. (4) Chest x-ray
film.

With the exception of 2 patients, all those with
late-onset hypothermia (older than 3 days) were
treated with intramuscular gentamicin in a dose of
4–6 mg/kg a day. The 2 children had osteomyelitis
and were given cloxacillin 100 mg/kg a day. Only 3
children with early-onset hypothermia were treated
with antibiotics, 2 with penicillin because of infection

newbone.
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