transfusion include the post-transfusion syndrome, hepatitis, and prolonged virus excretion by those infected. This leads in turn to infection, during the ensuing postpartum months, of those mothers who are not immune—a serious risk if this occurs at a time when the mother is again pregnant.

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References

- Stern, H. (1977). *Recent Advances in Clinical Virology*, pp. 117–130. Churchill Livingstone, Edinburgh.
Tobin, J. O., MacDonald, H., and Brayshay, M. (1975). Cytomegalovirus infection and exchange transfusion. *British Medical Journal*, 4, 404.

Dr. Granström comments:

Our study showed only that in the transfused group of children CMV infection was no more common than in the whole group (3/7 and 48/148 respectively). No hazards were associated with CMV infection of the transfused children, or with perinatal CMV infection of the other children. The exact mechanism or source of the infection could not be identified in this study (cervical virus shedding, virus in maternal milk, etc.) but in every case of perinatal CMV infection the possibility of acquisition from the mother was present. On the other hand, sero-negative pregnant women have many other possible sources of virus than their own child, because all children infected with CMV may excrete virus for a long time. 70% of perinatally infected children and 30% of all the children in our study were still excreting CMV at the age of 2 years (unpublished results).

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Respiratory function after repair of congenital diaphragmatic hernia

Sir,

The paper by Landau *et al.* (*Archives*, 1977, 52, 282) shows that there is rapid improvement in the respiratory function of the lung in infants soon after the repair of congenital diaphragmatic hernia. In a study carried out in our hospital, changes with growth in these lungs were found to be distension, emphysema, and obstruction.

A recent observation suggests that these patients should be followed for many years after the repair of the hernia. A 15-year-old boy was admitted in our department for severe chest pain related to left pneumothorax. Drainage and aspiration allowed rapid improvement and

he was discharged 2 weeks later. A few days later the pneumothorax recurred. Medical treatment was unsuccessful and surgery was required to avoid another recurrence. Notably, this patient had been operated on for repair of a left congenital diaphragmatic hernia at the age of 8 months. The occurrence of pneumothorax in a distended lung 15 years after the repair of a congenital diaphragmatic hernia indicates the need for long-term follow-up of these patients.

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Sternomastoid tumour in preterm infants

Sir,

In view of the rarity of sternomastoid tumour in preterm infants, the following cases are of interest.

Case 1. A female infant was the second born of twins to a 30-year-old primiparous mother who had been in hospital with premature rupture of the membranes and continued loss of liquor amnii for 2 weeks before delivery. Caesarean section was performed at 33 weeks' gestation. The infant was rotated by internal version for transverse lie and delivered by the breech. Birthweight was 1760 g. She was asphyxiated, hypotonic (Apgar score 1 at 1 minute), and required intubation. Gestational assessment by modified Farr score agreed with the mother's dates. The other twin, also female, weighed 1280 g and was well from birth.

At age 24 days the infant was noted to have a right-sided sternomastoid tumour. Treatment was started with passive extension exercises to the affected muscle. No torticollis was noted and on review at 68 days the tumour was smaller.

Case 2. A female infant, also the second of twins, was born to a 34-year-old mother who had had one previous normal pregnancy. She was admitted to hospital at 24½ weeks' gestation with spontaneous rupture of the membranes, and continued to lose liquor amnii up to 32 weeks' gestation when she went into spontaneous labour. The first infant (male, 1570 g) was delivered by the vertex uneventfully.

The second twin was delivered by breech extraction. Birthweight was 1800 g. She was asphyxiated and hypotonic (Apgar score 1 at 1 minute) and required intubation. Gestational assessment agreed with the mother's dates. A tumour was noted in the left sternomastoid muscle at age 11 days. No active treatment was advised. At 65 days the tumour was smaller and was not associated with torticollis.

The aetiology of sternomastoid tumours has been discussed at length by Dunn (1974) and Jones (1968). The significance of their association with oligohydramnios, breech presentation, and other conditions predisposing to pressure effects upon the fetus suggests that they may well