Background Cytomegalovirus, which belongs to the herpes viruses group, is the most frequent cause of congenital infection. The fetus may be silently infected in utero, as a result of initial infection or reactivation of a chronic infection in the mother. This may lead to different failures of the child’s organs and systems. The presence of antibodies to cytomegalovirus (CMV) in infants, even without clinical signs of infection, often leads to unreasonable medical treatment.

Patients and Methods The parents of the 2-month-old child appealed to the department to verify the correctness of prescribed treatment. A high level of CMV IgG was detected in maternal blood after pregnancy. That’s why congenital CMV infection was suspected in 1-month-old infant. His laboratory tests revealed high level of CMV IgG, but CMV DNA wasn’t found by PCR in blood, urine, saliva. In spite of this, the baby was diagnosed with congenital CMV infection and was treated with anti-human anticytomegalovirus immunoglobulin (2 doses). However, antibodies titer was at the same level on repeat testing. On physical examination in our department: the condition of the child was satisfactory, cognitive development was normal.

Results Diagnosis of congenital CMV infection isn’t correct, according to negative CMV DNA PCR in blood, saliva, urine and lack of clinical manifestation (microcephaly, jaundice, petechial rash, hepatosplenomegaly, hepatitis, pneumonitis, sensorineural hearing loss, etc.). Therefore, further examination and specific immunoglobulin therapy aren’t needed, dynamic observation is recommended. The child’s condition remains satisfactory at the age of 4 months, there aren’t any complaints from his parents.

Conclusion The main diagnostic test of congenital CMV infection is PCR of body fluids, which means that serological research should not be used in routine diagnostics. The detection of CMV IgG in clinically healthy infants isn’t a criteria for this diagnose and does not require specific treatment.

Clinical Case of Hypohydrotic Ectoderm Dysplasia: Specific Symptoms from the ENT Organs


Ectoderm dysplasia is a rare hereditary disease resulting from mutations in genes encoding the development of ectoderm (mainly ectodysplasin-A receptor genes). The most common form is X-linked hypohydrotic ectoderm dysplasia. The prevalence of this form of the disease is estimated from 1.6 to 22 cases per 100,000 newborns. Clinical symptoms are diverse and can be manifested by impaired function of various systems and organs.

Methods Boy X. 1y 6m old, vaccinated only against BCG at birth, saw the ENT doctor with complaints of recurring purulent rhinitis with the formation of crusts in the nasal cavity with a fetid odor. Local therapy (decongestants, elimination therapy) had no effect. Examination by an otorhinolaryngologist revealed chronic atrophic rhinitis. Forming nasal septum perforation and epithelial plugs in the external auditory canals were detected, as well as conical teeth.

Local therapy of rhinitis was prescribed with medications containing D-panthenol (for moisturizing the mucous membrane and prevention nasal septum perforation) and an