Correspondence

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Transient neonatal hyperparathyroidism secondary to maternal pseudohypoparathyroidism

Sir,

I read with interest the paper by Glass and Barr.\(^1\) When I studied the right distal femur I thought that this baby had rickets (congenital) owing to the long-term maternal anticonvulsant treatment that had been given for maternal pseudohypoparathyroidism. The results of the biochemical investigations carried out in the 1-week old baby seemed to me to be compatible with rickets including the low to normal plasma calcium level which would surely have been raised had the hyperparathyroidism not been related to congenital vitamin D deficiency. Although hyperparathyroidism is always present in vitamin D deficiency rickets, as it was in this baby, the reverse is not expected. Her very low 25-hydroxycholecalciferol values (4-8 ng/ml) would most likely be related to low maternal plasma 25 (OH) CC level.\(^2\) Therefore, should the title not be congenital rickets secondary to long-term maternal anticonvulsant treatment due to maternal pseudohypoparathyroidism?

This change in title is important for all pregnant women who are on anticonvulsant treatment.

References


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Neurological reactions to pertussis vaccination

Sir,

This is always an interesting subject but surely statistical studies, although fascinating, must be backed by scientific studies of mechanisms. What is the nature of the (presumably) immunological reaction? Has anyone detected anti-pertussis immune complexes in any of these children? Has anyone done fluorescent studies of the brain? Do immunological disasters affect other organs? Why should an immunological reaction be more likely in a child with previous brain damage (if this is statistically the case)? Surely the time has come for a intensive study of individual cases of immunisation reactions.

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Women in paediatrics

Sir,

I wholeheartedly support Dr Savage's views; I think that the BPA should make much more effort to investigate the needs of married women doctors who wish to work in paediatrics.

Reference


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This correspondence is now closed. Any further letters should be addressed to Professor Sir Peter Tizard (c/o the British Paediatric Association) who has resolved to solve the problem.

Editor