The incidence of renal calcification in preterm infants

Sub.—In the report by Short and Cooke, the 21 infants developed renal calcification all had bronchopulmonary dysplasia.1 While Short and Cooke recorded details of steroid usage the relationship between steroid use and renal calcification was not explored. Their failure to do so is indeed surprising as nephrocalcinosis may be one of the side effects of the now widespread use of steroids for bronchopulmonary dysplasia.2

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Dr Short and Cooke comment:
We thank Dr Blumenthal for his interest in our recent article, and note his comments regarding the use of steroid treatment. The hypercalciuric effects of steroids have been utilised for many years in the treatment of hypercalcaemia in adult patients. We certainly considered the possible effects of such treatment in our own patients, and recorded dosage and duration of dexamethasone treatment.

The small number of patients with dexamethasone (two infants with bronchopulmonary dysplasia who developed calcification, and one who did not), however, preclude any useful comment upon the effects of such treatment in our study. In the two patients with renal calcification who received dexamethasone, renal ultrasound scans were normal before treatment and we believe it would be reasonable to postulate a direct causal relationship between steroid therapy and calcification. We would agree, however, that the increasing use of steroids provides an additional argument for close evaluation of the renal tract in all preterm infants at risk of renal calcification.

Who pioneered the use of alternative donors (and bone marrow from the peripheral blood) in bone marrow transplantation?

Sub.—Dr Hows writes her opinion that ‘The Seattle group has pioneered the use of partially matched family donor transplants ...’ and perhaps that reflects her own experience, mainly in adult transplantation.3 As far as is known to us, the first successful bone marrow transplant from a father to a son was inspired by Professor J R Hobbs and undertaken on 29 August 1972 by the Westminster Bone Marrow Team for Mark Pegram, who had severe aplastic anaemia.4 We read with interest Dr John Auld’s letter to the Lancet in 1976 on the importance of donation of HLA-identical siblings.5 We recall the report by Professor Masaichi Yamamura which described the treatment of severe aplastic anaemia with marrow from an identical sibling.6 This donor marrow was typed serologically and found to be identical and genotypically identical to the recipient.7 This proved successful, and seven other recipients went on to enjoy similar results.8

Professor James Cooke, who had pioneered the use of in utero therapy for congenital disease, was probably the first human to enjoy treatment in full credit for this transplant was done at the Hammarsmith Hospital before she arrived.

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Dr Hows comment:
I am grateful to Drs Hughes-Jones, Selwyn, and Riches for their account of the pioneering role of Professor Jack Hobbs and other members of the Westminster Bone Marrow Transplant Team in the use of alternative marrow donors in paediatric bone marrow transplantation.

I tried to write a short ‘state of the art’...