Exposed terminals and damage to battery.

Parenteral lipids and free radicals in preterm infants

Stir—Professor Cooke describes an interesting association between the use of parenteral lipids and chronic lung disease in preterm infants. The study nicely confirms and extends the results of Hamerman and Aramburo. The author mentions lipid peroxidation and generation of free radicals in the lipid solution as one possible mechanism by which parenteral lipid solutions may injure preterm infants. We should like to draw your readers’ attention to the following: free radical induced lipid peroxidation in parenteral lipid solution has actually been described both in vitro and in vivo upon administration in preterm infants. Although the article referred to by the author does not concern lipid peroxidation and free radicals, we agree with Professor Cooke’s conclusion that the advantages of parenteral lipid infusion should be carefully weighed against its potential for harm. The possibility of such adverse effects should not be ignored, particularly when parenteral nutrition is required in small premature infants. Work with these patients indicates a close association between free radical induced lipid peroxidation and chronic lung disease.

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I lymphocytes expressing gamma-delta are invariably increased in the gut epithelium in coeliac disease and occasionally in other enteropathies, but only in infancy. 1 It is not possible at present to use monoclonal antibodies for these markers on paraffin sections so old biopsy specimen in paraffin blocks cannot be used. So it will thus take some years to determine this point.

Finally it is disappointing that the authors1 use the term transient coeliac disease rather than transient gluten intolerance as recommended by ESPGAN since 1970. 2 Coeliac disease, although perhaps expresing itself in different ways in the small intestinal mucosa at different times of life, is by definition a permanent lifetime disorder.

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Long term survival after heart transplantation for doxorubicin induced cardiomyopathy

Str.—We read with interest the case report of the child with severe cardiomyopathy requiring cardiac transplantation after the administration of doxorubicin. 1 We wish to emphasise the increasing problem of anthracycline induced cardiomyopathy not only in the short term, as is the reported patient, but also many years after its use.

Case report

This girl presented at the age of 4-8 years with a Wilms' tumour. She initially underwent laparotomy and removal of the tumour and was found to have stage III disease. Chemotherapy with vincristine, actinomycin D, and doxorubicin (Adriamycin) was commenced. She went on to receive radiotherapy in a dose of 2000 cGy to the renal bed; the field did not include the heart. Chemotherapy was continued with cycles of three weeks for a further 11 months; she received a total dose of 360 mg/m2 of doxorubicin.

She remained well until December 1990, when at the age of 15-3 years she presented with a three week history of malaise and lethargy with abdominal pain and vomiting. Four days before her admission she developed symptoms of breathlessness, orthopnoea, and weight gain. She was found to have severe congestive cardiac failure confirmed on echocardiography, which also revealed an extensive mural thrombus in the left ventricle.

Despite an initial response to conventional treatment with diuretics and angiotensin converting enzyme inhibitors, her myocardial function remained poor and she underwent orthotopic cardiac transplantation in March 1991. She remains well.

The acute cardiac toxicity of anthracyclines is well recognised with the recent reports of doses as low as 40 mg/m2 causing some degree of cardiac dysfunction. 2 We are now seeing late toxicity with increasing frequency and it is vital that these children remain on regular follow up, and that there is good liaison with adult physicians who also require access to the patient's records and details of chemotherapy received.

With the improved survival of many of the childhood malignancies, it is essential to consider whether the more frequent use of anthracyclines is justified.

Professor Dunn comments: Plagarism, or the passing off of the ideas of another as one's own, is something we all do to a greater or lesser extent. As Wilson Mizher has pointed out: 'If you steal from one person it's plagiarism; if you steal from many, it's research!' Dr Wall's speculation that Mauriceau was himself plagiarised by the anonymous 18th century author or editor of Aristotle's Complete and Experience Midwifery, rather than that he plagiarised Aristotle as I suggested in my article, is of considerable interest. If he is correct, as he may well be, then I certainly owe Mauriceau an apology. Even more so I would need to apologise to the reputation of Aristotle for incorrectly asserting that he, alone among the classical writers, had advocated that women adopt the unphysiological dorsal position for delivery. If I were Dr Wall's 'venerable colleague' I would much prefer to be found guilty of plagiarism than of being responsible for introducing into Western obstetrics a practice which has made child-birth more painful, more difficult, and more dangerous for both mother and child.