Acrodynia: a case report of two siblings

Acrodynia, a rare disorder, is a form of chronic mercury poisoning. We report two siblings who developed the classic clinical picture of acrodynia.

A 4½ year old boy was admitted with dysuria, general weakness, and loss of appetite. He had hypertension (140/95 mm Hg) and tachycardia (141 beats/min). He was irritable and depressed, and had a diffuse itching papular rash with palmar erythema and superficial desquamation (fig 1). Initial evaluation revealed a normal complete blood count and a normal blood chemistry. Urine analysis and complement levels were normal. Vanillylmandelic acid in a 24 hour urine collection was 22.2 µg/g creatinine and complement levels were normal. Vanillylmandelic acid in a 24 hour urine collection was 22.2 µg/g creatinine and was transferred to the paediatric intensive care unit with intubation and blood pressure control (peak inspiratory pressure 22, peak end expiratory pressure 3, FiO2 0.35, respiratory rate 40). Twenty four hours later, hypoxaemia necessitated increasing FiO2 to 1, and refractory hypotension required volume load and inotropes (TAM 38). Echocardiography diagnosed severe lung hypertension (pulmonary artery pressure 65 mm Hg) and decreased heart contractibility. Nitric oxide 8 ppm and milrinone 0.37 µg/kg/min temporarily improved pO2, but this subsequently deteriorated (pO2, 40 mm Hg). High frequency ventilatory therapy was initiated; nitric oxide up to 20 ppm was given, and inotropic support enhanced, but with no response. She suffered a fatal cardiac arrest 98 hours later. The family did not authorise necropsy.

Fatal myocardial failure secondary to lung hypertension has been reported in four infants under 2 months with verified B pertussis infection. All presented with initial tachycardia (160–230 beats/min) refractory to treatment with volume load, and developed posterior persistent hypertension that did not respond to inotropic support. Lung vasodilators such as nitric oxide, milrinone, or prostacycline may be useful in management of these patients, although they did not prove beneficial in our patient.

Because of the rapid deterioration of all these cases, we recommend early echocardiography diagnosis, enabling vasodilator...
therapy to be initiated in the early phase of lung hypertension in order to improve prognosis.

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BOOK REVIEWS

Management for Child Health Services

Children’s services have increasing priority with the present government in the UK. If we are to use available resources wisely and provide the “seamless service” that children and their parents deserve, then we need good managers to oversee its delivery. Who are these people and where are they found? The editors of this book believe that “all involved in child health are, by definition, involved in its management”—so that none of us is excluded—and that “they should have the benefit of material drawn together specifically for this purpose”—material which they have sought to provide.

For me, much of this book was virgin territory, and I found it a good, readable introduction, and an information resource upon which I will draw in the future. Those with more experience would also find it useful. It is in no way a reference text book, but contributors from child health, legal, and management fields bring their expertise together to cover the many different aspects involved in managing a service. Useful references are supplied at the end of each chapter for those who wish to delve further. The first chapter comprises a brief historical review of child health services during the twentieth century, and one realizes the degree of expansion from small and inauspicious beginnings. Later chapters are devoted to such topics as management skills, models of service quality, audit, finance, risk control, and management. Issues around the partnership of care with parents and carers are explored, and interagency working—never easy to carry out in practice—forms the basis of another chapter. Particularly interesting and informative was chapter 26 as a case study of the establishment and running of an integrated secondary level child health service. Another chapter, which was perhaps a little easier reading, discussed legal and ethical principles relevant to child health using a hypothetical, if perhaps slightly artificial, family case history of a baby born with significant disability to a single mother who is also facing adolescent health issues in her teenage daughter. The final section is devoted to the services in the four countries comprising the UK, each with unique values and approaches, although built upon a common base.

As child health services and service plans continue to evolve, there is much we can learn from the experience of those who have been involved in establishing our services—we must avoid their pitfalls and follow their successes. The book was written before the most recent service changes involving the establishment of Primary Care Trusts, and one can only hope that readers will find that a revised version will contain after “the next 10 years”. Will we, the present day paediatricians, leave a similar legacy for our successors?

Sudden infant death syndrome: problems, progress and possibilities

As an internationally recognised disease classification, sudden infant death syndrome (SIDS) is unique in that the diagnosis is reached by exclusion, by failing to demonstrate an adequate cause of death. By definition it is imprecise, the diagnosis of SIDS depends on the thoroughness of the post mortem examination, the extent of detail given in the clinical history and the meticulous nature with which the death scene investigation is carried out. Even if these conditions are satisfied to some chosen specification, this is not an endpoint but a rather a beginning, as we are still left with the question of “why did these babies die?”

The tragedy of SIDS is not a modern phenomenon but was only christened a syndrome 40 years ago and, after extensive research, the possibility of finding a collection of symptoms and signs manifesting as a single cause appears extremely unlikely. Some experts suggest a triple risk causal mechanism for SIDS involving a vulnerable infant, a critical development period and an exogenous event that would not normally put a newborn at risk. Other experts suggest a triple risk causal mechanism for SIDS involving a vulnerable infant, a critical development period and an exogenous event that would not normally put a newborn at risk. Other experts suggest a triple risk causal mechanism for SIDS involving a vulnerable infant, a critical development period and an exogenous event that would not normally put a newborn at risk.

SIDS research is to be ultimately judged by the reader with a subtle consensus of agreement. The book gives detailed background of each debate but is more than a reference manual for other researchers in the field. Given the rarity of SIDS, many medical professionals may not have been faced with the sudden death of a child but will have to deal with mothers concerned about child safety, while some parents are reticent to accept advice unless they know how this has been derived, this book is also for them.

If there appears to be a lack of co-ordination in the approach among different research groups, a slightly over zealous interpretation of findings by some experts and perhaps more confusion than clarity in the overall picture, then this book has given a true reflection of SIDS research as it currently stands. There is no ending to the story because infants still die suddenly and unexpectedly, but if SIDS research is to be taken seriously a number of young lives so far saved then the endeavours of those involved should be highly commended.


Coming back to the new edition of this book is like coming back to an old friend. Like many paediatricians, I have used the first edition as a valuable reference in child protection cases. The expertise and experience of all three authors are well recognised internationally and there is no doubt that this edition will continue to be a valuable aid to all clinicians working in this field. Given the rarity of SIDS, many medical professionals may not have been faced with the sudden death of a child but will have to deal with mothers concerned about child safety, while some parents are reticent to accept advice unless they know how this has been derived, this book is also for them.

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The problem I find with this book is that it is not really evidence based in a modern sense. Papers are quoted with no real attempt to assess their quality. This is partially because there are so few quantitative studies in child protection but I think readers would have liked to have more descriptions on the quality of the methodology of the papers that are quoted. I would have liked the references tabulated in each area of abuse. There are also concerns regarding the section on epidemiology and child abuse. The histogram that is used as an illustration does not give incidence rates nor is it population based.

I particularly studied areas in the book that I know cause diagnostic difficulty and where there is controversy. One of these is subdural haemorrhage. I was disappointed that the section was quite short: only four pages. I was also disappointed at the number of references, only 14, in what is the most common cause of serious physical harm in physical child abuse.
I find that neglect and emotional abuse are areas where it is difficult to put facts together for a clear diagnosis. The section on neglect has a helpful list of points to look for in the potentially neglected child and also ways of assessing the whole family. I found the section on emotional abuse less helpful.

Child protection is a very difficult area for clinicians and many shy away from committing themselves to clear diagnoses. This new edition will help give more confidence in dealing with these difficult cases. It is a pity that at nearly £70 it will not be accessible to young doctors outside libraries. Perhaps fewer photographs and being in paperback would make it less expensive and more accessible.

J R Sibert

Mosby’s atlas and text of pediatrics and child health


I enjoyed reviewing this book aimed at students and doctors in training, and I also learned from it. I must add that it is a good source of information for doctors who are preparing for examinations.

The book gives useful information, is highly illustrated and the format with text boxes and lists levels itself for easy reading and reference (revision for examinations).

The photographs are well placed with the text and with excellent explanations, which accompany the photographs, x rays, and scans. The quality of the photographs are superb too, thus the clinical phenotypes, which the authors want to illustrate are clearly visible. I found the book easy to read and understand.

I am sure that this book will prove very useful and will fill the gap in the market, as it will attract those adult learners who learn visually. It lends itself for scan reading for revision.

I teach examination preparation courses and I will bring this book to the attention of candidates sitting the DCH and MRCPCH exams. I would think that the GP tutors who come across this book would find it helpful in their teaching too. Many of the illustrations and slides will enhance anyone’s teaching methods.

More books like this are needed in paediatrics and child health as the pictures and illustrations that the doctors see will enhance their learning (and retention) skills. With problem orientated teaching (and learning) that we now practise, this type of book and presentations would be a most welcome addition. The market is not saturated, and I hope it will never be.

S Lingam

CORRECTION

Unfortunately the authors for the items in the Archimedes articles for September and November 2001 were not correctly coded and do not show up using searches on ADC Online or Medline. The authors for these articles should be cited as follows:

September


November

