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PRENATAL, PERINATAL, OR POSTNATAL DISORDERS

PRENATAL ASPHYXIA IN GROWTH RETARDED FETUSES

Members of the Department of Obstetrics at King's College Hospital, London SE5 have measured the umbilical venous oxygen and carbon dioxide tensions, pH, lactate and glucose concentrations, nucleated red cell (erythroblast) content, and haemoglobin concentration in 38 fetuses with intra-uterine growth retardation in which blood sampling was performed by cordocentesis. The oxygen tension was below the normal mean for gestational age in 33 cases (87%). The severity of fetal hypoxia correlated significantly with fetal hypercapnia , acidosis, hyperlacticaemia, hypoglycaemia, and erythroblastosis. The authors conclude that signs of asphyxia at birth are not necessarily due to the process of birth but may originate before birth. (Soothill PW, Nicolaides KH, Campbell S. Prenatal asphyxia, hyperlacticaemia, hypoglycaemia, and erythroblastosis in growth retarded fetuses. Br Med J, 1987; 294:1051).

COMMENT: Law courts often assume that any infant who develops cerebral palsy must have been damaged by obstetric mismanagement. This study demonstrates that what happens before delivery is sometimes more important than what happens during and after the birth process. Cordocentesis is attended by technical risks and cannot be used routinely. There is need for a non-invasive and repetitive test for the prenatal diagnosis of fetal hypoxia. (Symonds EM. Br Med J. 1987; 294:1046).

PAROXYSMAL DISORDERS

VALPROATE HEPATOTOXICITY IN CHILDREN WITH EPILEPSY

Authors from the University Children's Hospital in Heidelberg estimate the incidence of fatal valproate (VPA) hepatotoxicity in West Germany at around 1 in 5000 and find it hard to justify the use of VPA as a drug of first choice for children with generalised epilepsies. Analyses of data on 16 cases (15 between 1980 and 1986) and 75 additional published cases (a total of 91 cases) showed that no single high-risk age group could be defined; only 2 of the 16 German cases (12%) and 26% of the 91 cases reviewed were under 3 years of age. Fatalities were more frequent in young children on polytherapy, but 14 (15%) followed monotherapy with VPA and 10 (71%) of these were in patients older than 3 years. (Scheffner D. Lancet 1986; ii:511. Scheffner D, Konig St. Lancet 1987; i:389-390)

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The Editor is Professor of Neurology and Pediatrics at Northwestern University Medical School, Chicago, USA. He is presently Visiting Professor at the Hospital for Sick Children, Great Ormond Street, London WC1, England.