

INFANTILE BOTULISM

A case of a four month old boy with botulism is reported from the Department of Microbiology, Bristol Royal Infirmary and Bristol Royal Hospital for Sick Children, England. For the week before admission he had profuse rhinorrhea, and for 24 hours there was difficulty in feeding, hypotonia, and respiratory distress. On admission, he was profoundly hypotonic and had bilateral ptosis, impassive facies, depressed deep tendon reflexes and gag reflex, and pharyngeal pooling of saliva. He was mentally alert and responded to painful stimuli. Intravenous edrophonium (0.1 mg/kg) had no effect. EMG showed reduced amplitude of motor action potentials. EEG showed generalized high amplitude slow wave activity. Intermittent positive pressure ventilation was required and he began to show improvement by day 18 and was extubated on day 24. Clostridium botulinum and its toxin were isolated from the feces. (Smith GE et al. Infantile botulism. Arch Dis Child June 1989; 64:871-2).

COMMENT. Infantile botulism is rare, this being only the second case in the United Kingdom. The diagnosis should be entertained in infants with an acute onset of hypotonia and respiratory distress. Honey has been implicated in several cases from the United States. (Arnon, SS. Annu Rev Med 1980; 31:541). Fortunately, almost all infants recover completely, the illness lasting between 3 and 20 weeks, but supportive therapy is necessary and the differentiation from neonatal myasthenia gravis, septicemia, and infectious polyneuritis is important.

Botulinum toxin is not all bad! Local intradermal injections of botulinum A toxin may be useful in the treatment of eyelid and facial spasms in patients with generalized dystonias according to a report from the University of California School of Medicine, San Francisco (Sieff SR. Use of botulinum toxin to treat blepharospasm in a 16 year old with dystonic syndrome. Pediatr Neurol Mar/Apr 1989; 5:121-3). Very small doses of botulinum A toxin are required but the effect is limited to a few months.

FEVER AND RECURRENT FEBRILE SEIZURES

The relation of the height of the fever to the recurrence rate of febrile convulsions was studied in 154 children admitted to the Paediatric Department, Ahmadi Hospital, Kuwait. The children were divided into three groups according to the height of the fever recorded on presentation. Group 1, temperature greater than 40°C, group 2, 39-39.9°C, and group 3, 38-38.9°C. The children were followed at three month intervals for a mean of 40 months (range 2-7) and recurrences occurred between one and 22 months after the original first febrile seizure. The recurrence rates of febrile convulsions were significantly greater in infants aged 6 to 18 months in whom the initial febrile convulsions had been associated with a lower temperature. The rate of recurrence was over nine times higher in infants who had the lowest fever, 38-38.9°C and over seven times higher in infants with temperatures of 39-39.9°C. Repeated convulsions with each febrile episode occurred in only four children (3%). El-Radhi AS and Banajeh S. Effect of fever on recurrence rate of febrile convulsions. Arch Dis Child June 1989; 64:869-870).