(v 17 cases with left atrial isomerism).³ It is thought that the fetal bradycardia and/or structural cardiac lesions contribute to low cardiac output and consequent hydrops, with a dismal prognosis.³⁻⁵

After browsing the literature, I remain perplexed that right atrial isomerism is detected so infrequently in utero, given the typical severity of its lesions. However, the current data from fetal echocardiography centres indicate that left atrial isomerism accounts for many more cases of fetal hydrops than right atrial isomerism. Apparently, it is the combination of heart block with structural cardiac defects which puts the fetus at high risk for hydrops, as the prognosis is much better for heart block without structural abnormalities.^{3,4}

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Cerebral autoregulation of preterm neonates – a non-linear control system?

EDITOR,—We read with interest the detailed paper of Zernikow *et al* on cerebral autoregulation of preterm neonates.¹ However we would caution against the use of the term autoregulation. This term implies maintaining a constant cerebral perfusion in the face of a changing cerebral perfusion pressure.² The slow wave cycles we, and others, have described in the cerebral blood flow velocity values occur independently of blood pressure and are indices of velocity and not flow.³ They undoubtedly reflect some underlying physiological control but it would be incorrect to describe this as autoregulation.

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Professor Jorch and coauthors comment:

We use the term 'autoregulation' in a more general meaning to describe the autonomous regulation of cerebral haemodynamics. It addresses the complexity of regulation, is not limited to the mean arterial blood pressure-cerebral blood flow autoregulation relationship, and the regulative result is not necessarily the constancy of cerebral blood flow.¹ If this was not clear from our paper, we thank Dr Anthony and Professor Levene for their comment.

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